


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91034 048 ****61.25

DOCUMENT # 747700					
1. Entity Name THE HEALTH AND TENNIS CLUB AT OCEAN REEF, INC.					
Principal Place of Business 314 ANCHOR DRIVE KEY LARGO, FL 33037 US			Mailing Address 314 ANCHOR DRIVE KEY LARGO, FL 33037 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1918608	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KUCKER, FRED R ONE BISCAYNE TOWER SUITE 1740 TWO SOUTH BISCAYNE BLVD MIAMI, FL			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RONCARELLI, EDWARD	NAME			
STREET ADDRESS	314 ANCHOR DRIVE	STREET ADDRESS			
CITY-ST-ZIP	KEY LARGO, FL 33037	CITY-ST-ZIP			
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SIMS, FRANK M	NAME	TD MICHAEL FOSTER		
STREET ADDRESS	314 ANCHOR DRIVE	STREET ADDRESS	314 ANCHOR DRIVE		
CITY-ST-ZIP	KEY LARGO, FL 33037	CITY-ST-ZIP	KEY LARGO, FL 33037		
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BENOVITZ, MADGE	NAME			
STREET ADDRESS	314 ANCHOR DRIVE	STREET ADDRESS			
CITY-ST-ZIP	KEY LARGO, FL 33037	CITY-ST-ZIP			
TITLE	VPD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHAPIRO, LARRY	NAME			
STREET ADDRESS	314 ANCHOR DRIVE	STREET ADDRESS			
CITY-ST-ZIP	KEY LARGO, FL 33037	CITY-ST-ZIP			
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STORM, JOHN F	NAME			
STREET ADDRESS	314 ANCHOR DRIVE	STREET ADDRESS			
CITY-ST-ZIP	KEY LARGO, FL 33037	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Mary D. Vasquez</i>		Date: 4/29/04 305-367-3201			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MARY D VASQUEZ, ACCOUNTANT		Daytime Phone #			