


2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90241 039 ****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 - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		04302008 Chg-NP CR2E037 (12/06)			
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)							
Filing Fee is \$61.25 Due by May 1, 2008		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	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MANN, GERTRUDE		NAME				
STREET ADDRESS	314 ANCHOR DRIVE		STREET ADDRESS				
CITY-ST-ZIP	KEY LARGO, FL 33037		CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	FOSTER, MICHAEL		NAME				
STREET ADDRESS	314 ANCHOR DRIVE		STREET ADDRESS				
CITY-ST-ZIP	KEY LARGO, FL 33037		CITY-ST-ZIP				
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	PRICE, LORNE		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				
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 exemptions contained in Chapter 119, 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: 4/29/08				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: 305-367-3301				