

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **753141** (1)

1. Corporation Name

**OCEAN REEF FISHERMAN'S COVE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

120 ANCHOR DR  
OCEAN REEF CLUB  
KEY LARGO FL 33037  
US

100 ANCHOR DR 157  
OCEAN REEF CLUB  
KEY LARGO FL 33037  
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/26/1980

3a. Date of Last Report

04/17/1995

4. FEI Number

59-2199233

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

PARKER A BLACK  
100 ANCHOR DR 157  
~~MAILROOM BOX 157~~  
KEY LARGO FL 33037

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **FRESHLEY, RONALD DR**  
STREET ADDRESS ~~100 ANCHOR DR 157~~ **100 ANCHOR DR #157**  
CITY- ST- ZIP **KEY LARGO F**

TITLE **DT** ☐ DELETE  
NAME **LONDON, WILLIAM**  
STREET ADDRESS ~~ORC BOX 157~~ **100 ANCHOR DR #157**  
CITY- ST- ZIP **N. KEY LARGO FL**

TITLE **D P** ☐ DELETE  
NAME **MESSINA, FRED**  
STREET ADDRESS ~~ORC BOX 157~~ **100 ANCHOR DR #157**  
CITY- ST- ZIP **N. KEY LARGO FL**

TITLE **D** ☒ DELETE  
NAME **DERDERIAN, ROBERT**  
STREET ADDRESS ~~ORC BOX 157~~  
CITY- ST- ZIP **N. KEY LARGO FL**

TITLE **DVP** ☐ DELETE  
NAME **VINCUNAS, RAY**  
STREET ADDRESS ~~ORC BOX 157~~ **100 ANCHOR DR #157**  
CITY- ST- ZIP **N. KEY LARGO FL**

TITLE **D** ☒ DELETE  
NAME ~~BLACK PARKER~~  
STREET ADDRESS ~~ORC BOX 157~~  
CITY- ST- ZIP **N. KEY LARGO FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

**D**  
**LAMONTIA, TONY**  
**100 ANCHOR DR. #157**  
**KEY LARGO FL 33037**

**S**  
**BLACK, JANE**  
**100 ANCHOR DR #157**  
**KEY LARGO FL 33037**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jane Black* **JANE BLACK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/96

Date

305-367-3945

Daytime Phone #

CR2E037 (12/95)