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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## \$andra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

769439

(1)

## OCEAN REEF MARINA CONDOMINIUM II ASSOCIATION, IN

## FILED May 12 1997 8:00am Secretary of State



Principal Place			4 1 1	·····			i <b>a</b> cadi ayan biaki bibi	
	of Business	Mailing A	Address			1 100111 1000 1010 1010 1010	, 419)( 419)( 419)	
31 OCEAN REEF DR #A-207 31 OCEAN REEF DR #A-207 KEY LARGO FL 33037 KEY LARGO FL 33037-5281								
						3. Date Incorporated or Qualified 07/19/1983	3a. Date of Last 05/01/1	Report 996
2. Principal Place of Business		2e. Mailing Address			***************************************	4. FEI Number	<del></del>	Applied For
21		26				59-2379981	<del></del>	Not Applicable
Suite, Apt. i	#, etc.	Suite 27	, Apt. #, etc.			5. Certificate of Status Desired	T	Additional Required
City & State	•	<u> </u>	& State			6. Election Campaign Financing		May Be
23		28		7 6				d to Fees
Ziρ	Country	Zip		Cou	ntry	8. This corporation has liability for int Florida Statutes	langible tax under Yes 🏻 No	8. 199.032,
24	9. Name and Address of Current	29 Registered	Agent	30		10. Name and Address of New Regi		<del></del>
	B. Hamb grid Houses of Culture	TTO BISTOTO S	- you		81 Name	10, Hallis and Hadrons & Hall Hage	TOTAL AND IN	
HOOC F	** #** 1 3/A 1			ì				
MOSS, E		82 Street Ad			82 Street	ddress (P.O. Box Number is Not Acceptable)		
	AN REEF DR #A-207				83		JI	<del></del>
הבז נאו	IGO FL 33037			ł				,
				[	84 City		FL 85 2	p Code
11. Purcuant t	to the provisions of Sections 617 0502	and 617 15/	08 Florida Statu	ites the et	MVA-pamer	corporation submits this statement for the nu-		its registered
office or re	egistered agent, or both, in the State of	Florida. Su	ch change was	authorized	by the co	corporation submits this statement for the purporation's board of directors. I hereby accept	the appointment	as registered
agent. La	m familiar with, and accept the obligat	ions of, Sect	ion 617.0503, F	forida Stat	utes.			
SIGNATURE .	Signature, typed or printed name of registered agent	and tille if english	able /NA	TF: Bagistare	( Anent eignetu	e required when reinstating)	DATE	
12.	OFFICERS AND			13.	Liferit bili erra	ADDITIONS/CHANGES TO OFFICE		ORS IN 12
	OIT TOUTO							
	PD		DELETE		LE	I	Chang	
TITLE	PD RILIMENEELD MARVIN		DELETE	1.1 TIT				
TITLE NAME	BLUMENFELD, MARVIN		DELETE	1.1 TIT 1.2 N/	ME			
TITLE NAME STREET ADDRESS	BLUMENFELD, MARVIN 31 OCEAN REEF DR #A-207		DELETE	1.1 TII 1.2 N/ 1.3 ST	ime Reet address			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BLUMENFELD, MARVIN 31 OCEAN REEF DR #A-207 KEY LARGO FL			1.1 TIT 1.2 N/ 1.3 ST 1.4 CI	ME REET ADDRESS TY-ST-ZIP		Chang	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	BLUMENFELD, MARVIN 31 OCEAN REEF DR #A-207 KEY LARGO FL STD		☐ DELETE	1.1 TIT 1.2 N/ 1.3 ST 1.4 CI 2.1 TIT	ame Reet address Ty - St - Zip ULE			e Addition
THILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	BLUMENFELD, MARVIN 31 OCEAN REEF DR #A-207 KEY LARGO FL STD HANDLEMAN, HOWARD			1.1 TIT 1.2 N/ 1.3 ST 1.4 CF 2.1 TIT 2.2 N/	ame Reet address Ty-ST-ZIP ILE Ame	Ý.	Chang	e Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	BLUMENFELD, MARVIN 31 OCEAN REEF DR #A-207 KEY LARGO FL STD HANDLEMAN, HOWARD 31 OCEAN REEF DR #A-207			1.1 TII 1.2 N/ 1.3 ST 1.4 CI 2.1 TII 2.2 N/ 2.3 ST	neet address ty-St-Zip tle ame reet address		Chang	e Addition
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	BLUMENFELD, MARVIN 31 OCEAN REEF DR #A-207 KEY LARGO FL STD HANDLEMAN, HOWARD 31 OCEAN REEF DR #A-207 KEY LARGO FL POA			1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 C 3.1 TII	ME REET ADDRESS TY - ST - ZIP TLE  ME REET ADDRESS TTY - ST - ZIP TLE		Chang	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	BLUMENFELD, MARVIN 31 OCEAN REEF DR #A-207 KEY LARGO FL STD HANDLEMAN, HOWARD 31 OCEAN REEF DR #A-207 KEY LARGO FL POA MOSS, EVELYN		☐ DELETE	1.1 TII 1.2 NV 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 C 3.1 TII 3.2 NV	ME REET ADDRESS TY - ST - ZIP TLE AME REET ADDRESS TTY - ST - ZIP FLE WAE		Chang	B Addition
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. I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

e Daytime Phone # 0024426