

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 769439**

1. Entity Name

**OCEAN REEF MARINA CONDOMINIUM II ASSOCIATION, IN**

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90137 019 \*\*\*\*61.25

Principal Place of Business <b>120 ANCHOR DR KEY LARGO FL 33037 US</b>	Mailing Address <b>100 ANCHOR DR STE 476 KEY LARGO FL 33037-5277 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address <b>120 Anchor Drive</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Key Largo, FL</b>	4. FEI Number <b>59-2379981</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33037</b>	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**MOSS, EVELYN  
100 ANCHOR DR  
STE 476  
KEY LARGO FL 33037**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**120 Anchor Drive**  
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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>BLUMENFELD, MARVIN</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BLUMENFELD, MARVIN</b>		NAME	
STREET ADDRESS <b>100 ANCHOR DR 476</b>		STREET ADDRESS	
CITY-ST-ZIP <b>KEY LARGO FL 33037</b>		CITY-ST-ZIP	
TITLE <b>POA</b>	<input type="checkbox"/> Delete	TITLE <b>MOSS, EVELYN</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MOSS, EVELYN</b>		NAME	
STREET ADDRESS <b>100 ANCHOR DR 476</b>		STREET ADDRESS <b>120 Anchor Drive</b>	
CITY-ST-ZIP <b>KEY LARGO FL 33037</b>		CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE <b>BRUNO, JOSEPH A. JR.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BRUNO, JOSEPH A. JR.</b>		NAME	
STREET ADDRESS <b>100 ANCHOR DR 476</b>		STREET ADDRESS <b>120 Anchor Drive</b>	
CITY-ST-ZIP <b>KEY LARGO FL 33037</b>		CITY-ST-ZIP <b>Key Largo, FL 33037</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE <b>GARCIA, ANDY</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GARCIA, ANDY</b>		NAME	
STREET ADDRESS <b>100 ANCHOR DR 476</b>		STREET ADDRESS <b>120 Anchor Drive</b>	
CITY-ST-ZIP <b>KEY LARGO FL 33037</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME <b>Stein, Martin</b>	
STREET ADDRESS		STREET ADDRESS <b>120 Anchor Drive</b>	
CITY-ST-ZIP		CITY-ST-ZIP <b>Key Largo, FL 33037</b>	
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 life empowered.

SIGNATURE: *Evelyn Moss*  
**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-00 305-367-3232  
 Date Daytime Phone #

CR2E037 (9/99)