


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90009 001 ****61.25

DOCUMENT # 769439
1. Entity Name
OCEAN REEF MARINA CONDOMINIUM II ASSOCIATION, INC.



Principal Place of Business Mailing Address
120 ANCHOR DR 120 ANCHOR DR
KEY LARGO FL 33037 KEY LARGO FL 33037
US US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
10 Barracuda Lane **10 Barracuda Lane**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Key Largo, FL **Key Largo, FL**

Zip Country Zip Country
33037 **USA** **33037** **USA**

1st MOORE CR2E037 (10/06)
4. FEI Number Applied For
59-2379981 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MOSS, EVELYN
120 ANCHOR DRIVE
KEY LARGO FL 33037

7. Name and Address of New Registered Agent
Name **Moss, Evelyn**
Street Address (P.O. Box Number is Not Acceptable)
10 Barracuda Lane
City **Key Largo, FL** Zip Code
33037

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 _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BRUNO, JOSEPH	
STREET ADDRESS	120 ANCHOR DRIVE	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	POA	<input type="checkbox"/> Delete
NAME	MOSS, EVELYN	
STREET ADDRESS	120 ANCHOR DRIVE	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GARCIA, ANDY	
STREET ADDRESS	120 ANCHOR DRIVE	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bruno, Joseph	
STREET ADDRESS	10 Barracuda Lane	
CITY-ST-ZIP	Key Largo, FL 33037	
TITLE	POA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Moss, Evelyn	
STREET ADDRESS	10 Barracuda Lane	
CITY-ST-ZIP	Key Largo, FL 33037	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Garcia, Andy	
STREET ADDRESS	10 Barracuda Lane	
CITY-ST-ZIP	Key Largo, FL 33037	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Evelyn Moss Evelyn Moss 4/23/07 305-367-3232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #