

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 92000000498

1. Corporation Name
Ocean Reef Club, Inc.

**APPROVED
AND
FILED**

95 APR 18 AM 6:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500001453475
-04/18/95--01105--018
***130.00 ***130.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business
**31 Ocean Reef Drive
Suite C-300
Key Largo, FL 33037**

Mailing Address
**31 Ocean Reef Drive
Suite C-300
Key Largo, FL 33037
Att: Corporate Secretary**

2. Principal Place of Business
31 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Att: Corporate Secretary
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

3. Date Incorporated or Qualified
11-30-92

3a. Date of Last Report
01-17-94

4. FEI Number
65-0371142

Applied For
☐ Not Applicable

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

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

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

9. Name and Address of Current Registered Agent

**Kenneth A. Luban
3d Ocean Reef Drive
Suite C-300
Key Largo, FL 33037**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 FL **86** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and his or her address

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
Director	James F. Brooks	31 Ocean Reef Dr., Suite C-300	Key Largo, FL 33037
Director	Thomas N. Davidson	31 Ocean Reef Dr., Suite C-300	Key Largo, FL 33037
Vice Chairman	Richard T. Farmer	31 Ocean Reef Dr., Suite C-300	Key Largo, FL 33037
Chairman/ Treasurer	Alan J. Goldstein	31 Ocean Reef Dr., Suite C-300	Key Largo, FL 33037
Director	Caroline S. Kelm	31 Ocean Reef Dr., Suite C-300	Key Largo, FL 33037
Director	Robert D. Kilby	31 Ocean Reef Dr., Suite C-300	Key Largo, FL 33037

13.

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
Director	Darryl Parmenter	31 Ocean Reef Dr., Suite C-300	Key Largo, FL 33037
Director	Frank R. Shumway, Jr.	31 Ocean Reef Drive, Suite C-300	Key Largo, FL 33037
Director	Marcia P. Welch	31 Ocean Reef Dr., Suite C-300	Key Largo, FL 33037
President	Robert M. Berrey	31 Ocean Reef Dr., Suite C-300	Key Largo, FL 33037
Executive Vice President	Robert R. Ambridge	31 Ocean Reef Dr., Suite C-300	Key Largo, FL 33037
Vice President, Secretary & General	Kenneth A. Luban	31 Ocean Reef Dr., Suite C-300	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 11B 07.31(1), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

Kenneth A. Luban, V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

4/4/95 (305) 367-5850

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Vice Pres ident - Sales & Marketin	1.1 TITLE	☐ Change ☐ Addition
NAME	Bruce L. Shulman	1.2 NAME	
STREET ADDRESS	31 Ocean Reef Dr., Suite C-300	1.3 STREET ADDRESS	
CITY-ST-ZIP	Key Largo, FL 33037	1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	Vice President - Finance	2.1 TITLE	
NAME	James M. Truckenbrod	2.2 NAME	
STREET ADDRESS	31 Ocean Reef Dr., Suite C-300	2.3 STREET ADDRESS	
CITY-ST-ZIP	Key Largo, FL 33037	2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	Vice President - Resort Operations	3.1 TITLE	
NAME	Tor H. Aasheim	3.2 NAME	
STREET ADDRESS	31 Ocean Reef Dr., Suite C-300	3.3 STREET ADDRESS	
CITY-ST-ZIP	Key Largo, FL 33037	3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, or in an attachment with an address.

SIGNATURE:

[Signature] *Charles A. Lujan, Vp.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/93 *(305) 367-5850*
Date Daytime Phone #