


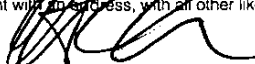


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

\$61.25

DOCUMENT # N92000000498 1. Entity Name OCEAN REEF CLUB, INC.						FILED 05 JUL 13 AM 11:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 35 OCEAN REEF DRIVE SUITE 200 KEY LARGO, FL 33037				Mailing Address 35 OCEAN REEF DRIVE SUITE 200 KEY LARGO, FL 33037			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
LUBAN, KENNETH A 35 OCEAN REEF DR STE 200 KEY LARGO, FL 33037				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by September 7, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	CD <input checked="" type="checkbox"/> Delete			TITLE	CDT <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMITH, MICHAEL K			NAME	Harold L. Yoh, Jr.		
STREET ADDRESS	35 OCEAN REEF DR, SUITE 200			STREET ADDRESS	35 Ocean Reef Drive, Suite 200		
CITY-ST-ZIP	KEY LARGO, FL 33037			CITY-ST-ZIP	Key Largo, FL 33037		
TITLE	VDCT <input checked="" type="checkbox"/> Delete			TITLE	VCD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	YOH, HAROLD L			NAME	Richard B. Miller		
STREET ADDRESS	35 OCEAN REEF DR., STE. 200			STREET ADDRESS	35 Ocean Reef Drive, Suite 200		
CITY-ST-ZIP	KEY LARGO, FL 33037			CITY-ST-ZIP	Key Largo, FL 33037		
TITLE	SVP <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LUBAN, KENNETH A			100057717451 07/20/05--01046--004 ***411.25			
STREET ADDRESS	35 OCEAN REEF DR, SUITE 200						
CITY-ST-ZIP	KEY LARGO, FL						
TITLE	PD <input type="checkbox"/> Delete			TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ASTBURY, PAUL M.G.			NAME			
STREET ADDRESS	35 OCEAN REEF DR, SUITE 200						
CITY-ST-ZIP	KEY LARGO, FL 33037						
TITLE	VP <input checked="" type="checkbox"/> Delete			TITLE	VPATAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ANDERSON, SUZANNE C			NAME	Carder, Suzanne		
STREET ADDRESS	35 OCEAN REEF DR, SUITE 200			STREET ADDRESS	35 Ocean Reef, Dr, Suite 200 Key Largo		
CITY-ST-ZIP	KEY LARGO, FL 33037			CITY-ST-ZIP	FL 33037		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS							
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 like empowered.							
SIGNATURE: 				KENNETH A. LUBAN			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				7/5/05		(305) 367-5850	
				Date		Daytime Phone #	