

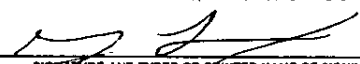


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90178 008 \*\*\*\*61.25

<b>DOCUMENT # 713075</b> 1. Entity Name <b>OCEAN REEF COMMUNITY ASSOCIATION, INC.</b>					
Principal Place of Business <b>35 OCEAN REEF DR, SUITE 220 KEY LARGO, FL 33037</b>			Mailing Address <b>24 DOCKSIDE LANE PMB 505 KEY LARGO, FL 33037</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		  04082007 Chg-NP CR2E037 (12/06)	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-1747816</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>C</b> <b>MONK, ALBERT C</b> <b>02 CHANNEL CAY RD</b> <b>KEY LARGO, FL 33037</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>Lunsford Gregory</b> <b>21558 SW 8TH PLACE</b> <b>MIAMI FL 33189</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>GILBERT, BRUCE</b> <b>422 SOUTH HARBOR DR</b> <b>KEY LARGO, FL 33037</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>OELTSEN JEFFREY</b> <b>2002 SE 17TH AVE</b> <b>Homestead FL 33037</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>ASTBURY, PAUL MG</b> <b>09 HALFWAY ROAD</b> <b>KEY LARGO, FL 33037</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>CARDER, SUZANNE</b> <b>35 Ocean Reef Drive Ste 200</b> <b>Key Largo FL 33037</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>RITZ, DAVID C</b> <b>70 N BOUNTY LANE</b> <b>KEY LARGO, FL 33037</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>RITZ David</b> <b>352 Sound Drive</b> <b>Key Largo FL 33037</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>ALF, EDWARD</b> <b>3046 SANCTUARY TERRACE</b> <b>KEY LARGO, FL 33037</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>ELENBAAS RONALD</b> <b>1 SUNSET CAY DRIVE</b> <b>Key Largo FL 33037</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>OLCOTT, EMERY</b> <b>09 CARD SOUND RD</b> <b>KEY LARGO, FL 33037</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>C</b> <b>OLCOTT, Emery</b> <b>09 Card Sound Rd</b> <b>Key Largo FL 33037</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					
<b>SIGNATURE:</b>  <b>Greg Lunsford</b> #10 07 305-367-3667					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

40068743

# 713075

Addition

D  
Lynn Rose  
03 Harbour House  
Key Largo, FL 33037

D  
Steven Techet  
06 Channel Cay Road  
Key Largo, FL 33037

Addition

D  
Martha Kavanaugh  
04 Channel Cay Road  
Key Largo, FL 33037

Addition

D  
Dermot Coughlan  
32 Card Sound Road  
Key Largo, FL 33037

Addition