

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 731032

**Entity Name:** OCEAN REEF VOLUNTEER FIRE DEPARTMENT INC.

**Current Principal Place of Business:**

110 ANCHOR DRIVE  
KEY LARGO, FL 33037

**FILED**  
**Feb 06, 2020**  
**Secretary of State**  
**1789554235CC**

**Current Mailing Address:**

24 DOCKSIDE LANE  
PMB 505  
KEY LARGO, FL 33037 US

**FEI Number:** 23-7411790

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

EISINGER, BROWN, LEWIS, FRANKEL & CHAIET, P.A.  
4000 HOLLYWOOD BOULEVARD  
SUITE 265-S  
HOLLYWOOD, FL 33021 US

*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:** DENNIS J. EISINGER, ESQ.

02/06/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name ELENBAAS, NANETTE  
Address 24 DOCKSIDE LANE PMB 505  
City-State-Zip: KEY LARGO FL 33037

Title VP  
Name TINDLE, GREGORY  
Address 24 DOCKSIDE LANE PMB 505  
City-State-Zip: MIAMI FL 33189

Title DIRECTOR  
Name KENT, HARLAN  
Address 24 DOCKSIDE LANE PMB 505  
City-State-Zip: KEY LARGO FL 33037

Title DIRECTOR  
Name STOUT, HENRY  
Address 24 DOCKSIDE LANE, PMB 505  
City-State-Zip: KEY LARGO FL 33037

Title DIRECTOR  
Name LIST, GARY  
Address 24 DOCKSIDE LANE PMB 505  
City-State-Zip: KEY LARGO FL 33037

Title DIRECTOR  
Name WILSON, WILLIAM  
Address 24 DOCKSIDE LANE PMB 505  
City-State-Zip: KEY LARGO FL 33037

Title DIRECTOR  
Name LOVETT, ANNE  
Address 24 DOCKSIDE LANE PMB 505  
City-State-Zip: KEY LARGO FL 33037

Title DIRECTOR  
Name WEISLEDER, BROOKE  
Address 24 DOCKSIDE LANE PMB 505  
City-State-Zip: KEY LARGO FL 33037

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** KATHERINE JACKSON

**SECRETARY**

02/06/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           TREASURER  
Name           CONNOLLY, KATARZYNA  
Address        24 DOCKSIDE LANE PMB 505  
City-State-Zip: KEY LARGO FL 33037

Title           VP  
Name           MCINTOSH, PATRICK  
Address        24 DOCKSIDE LANE PMB 505  
City-State-Zip: KEY LARGO FL 33037

Title           PRESIDENT  
Name           IGLESIAS, GENARO  
Address        24 DOCKSIDE LANE  
                  PMB 505  
City-State-Zip: KEY LARGO FL 33037

Title           DIRECTOR  
Name           LARKIN, RAYMOND  
Address        24 DOCKSIDE LANE  
                  PMB 505  
City-State-Zip: KEY LARGO FL 33037

Title           SECRETARY  
Name           JACKSON, KATHERINE  
Address        24 DOCKSIDE LANE PMB 505  
City-State-Zip: KEY LARGO FL 33037

Title           VP  
Name           OELTJEN, JEFFREY  
Address        24 DOCKSIDE LANE PMB 505  
City-State-Zip: KEY LARGO FL 33037

Title           DIRECTOR  
Name           MANZO, ROBERT  
Address        24 DOCKSIDE LANE  
                  PMB 505  
City-State-Zip: KEY LARGO FL 33037