

**2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 731032

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

**Current Principal Place of Business:**

110 ANCHOR DRIVE  
KEY LARGO, FL 33037

**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.

02/22/2018

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 D  
Name LEEMHUIS, MIKE  
Address 35 OCEAN REEF DR  
SUITE 200  
City-State-Zip: KEY LARGO FL 33037

Title P  
Name RITZ, DAVID C  
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 WISHNACK, MARSHALL  
Address 24 DOCKSIDE LANE PMB 505  
City-State-Zip: KEY LARGO FL 33037

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

Title DIRECTOR  
Name HOLMES, THERESA  
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

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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**

02/22/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MEENAN, JIM  
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

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

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

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

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