

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 753141

**Entity Name:** OCEAN REEF FISHERMAN'S COVE CONDOMINIUM  
ASSOCIATION, INC.**Current Principal Place of Business:**15-30 FISHERMAN'S COVE  
KEY LARGO, FL 33037**Current Mailing Address:**1 BARRACUDA LANE  
KEY LARGO, FL 33037 US**FEI Number: 59-2009670****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MOSS & ASSOCIATES PROPERTY MGMT.  
1 BARRACUDA LANE  
KEY LARGO, FL 33037 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	DESOUSA, EDGAR
Address	17 FISHERMAN'S COVE UNIT B
City-State-Zip:	KEY LARGO FL 33037

Title	RA
Name	MOSS, EVELYN
Address	1 BARRACUDA LANE
City-State-Zip:	KEY LARGO FL 33037

Title	TREASURER
Name	TRANE, REUBEN
Address	26 FISHERMAN'S COVE UNIT B
City-State-Zip:	KEY LARGO FL 33037

Title	DIRECTOR
Name	SPALTEN, JOSHUA
Address	21 FISHERMAN'S COVE UNIT A
City-State-Zip:	KEY LARGO FL 33037

Title	DIRECTOR
Name	GARCIA, ANDY
Address	16 FISHERMAN'S COVE UNIT A
City-State-Zip:	KEY LARGO FL 33037

Title	VP, SECRETARY
Name	SWANSON, ROBERT
Address	28 FISHERMAN'S COVE UNIT B
City-State-Zip:	KEY LARGO FL 33037

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: EVELYN MOSS****RA****04/03/2019**

Electronic Signature of Signing Officer/Director Detail

Date