

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

55 MAY - 1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 715811 (6)

1. Corporation Name
OCEAN REEF YACHT CLUB, INC.

Principal Place of Business Mailing Address
C/O MARJORIE W PETERSON
11 A LAKESIDE LANE
N KEY LARGO FL 33037

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 12/31/1968
3a. Date of Last Report 02/07/1994
4. FEI Number 51-0194511
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
PETERSON, MARJORIE W
11 A LAKESIDE LANE
N KEY LARGO FL 33037

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when necessary) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	KILBY, ROBERT
STREET ADDRESS	PC 37A, ANCHOR DRIVE
CITY- ST- ZIP	KEY LARGO FL
TITLE	STD
NAME	PETERSON, MARJORIE
STREET ADDRESS	11 A LAKESIDE LANE
CITY- ST- ZIP	N KEY LARGO, FL 00000
TITLE	VD
NAME	STOCKER, GENE
STREET ADDRESS	PC 43A THE MOORINGS, ORC
CITY- ST- ZIP	KEY LARGO FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	BOURKE, WILLIAM
13 STREET ADDRESS	03 SOUTH PELICAN DRIVE
14 CITY- ST- ZIP	KEY LARGO, FL 33037
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	PETERSON, WARREN
33 STREET ADDRESS	84SNAPPER LANE
34 CITY- ST- ZIP	KEY LARGO, FL 33037
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marjorie W. Peterson MARJORIE W PETERSON 4/18/95 905-367-2810
Signature (typed or printed name of signing officer) DATE (Month/Day/Year) Telephone Number