

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 26, 2005  
Secretary of State**

DOCUMENT# 715811

Entity Name: OCEAN REEF YACHT CLUB, INC.

**Current Principal Place of Business:**

24 DOCKSIDE LANE  
PMB 417  
KEY LARGO, FL 33037 US

**New Principal Place of Business:**

**Current Mailing Address:**

24 DOCKSIDE LANE  
PMB 417  
KEY LARGO, FL 33037 US

**New Mailing Address:**

FEI Number: 51-0194511      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ELDEN, PHYLLIS  
24 DOCKSIDE LANE, #417  
N KEY LARGO, FL 33037 US

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

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

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: ELDEN, PHYLLIS  
Address: 24 DOCKSIDE LANE, #417  
City-St-Zip: KEY LARGO, FL 33037

Title: D ( ) Delete  
Name: NOBLE, JOHN  
Address: 3 CANNON POINT  
City-St-Zip: KEY LARGO, FL 33037

Title: D ( ) Delete  
Name: GOLDSTEIN, ALAN  
Address: 5 CANNON POINT  
City-St-Zip: KEY LARGO, FL 33037

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: ANDERSON, JAMES  
Address: 201 OCEAN REEF DRIVE, D-29  
City-St-Zip: KEY LARGO, FL 33037

Title: D (X) Change ( ) Addition  
Name: TECHET, STEVEN  
Address: 06 CHANNEL CAY ROAD  
City-St-Zip: KEY LARGO, FL 33037

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PHYLLIS ELDEN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

MS.

04/26/2005

\_\_\_\_\_  
Date