


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 715811 1. Entity Name OCEAN REEF YACHT CLUB, INC.	
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Principal Place of Business 24 DOCKSIDE LANE PMB 417 KEY LARGO, FL 33037 US	Mailing Address 24 DOCKSIDE LANE PMB 417 KEY LARGO, FL 33037 US
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02062006 No Chg-NP CR2E037 (11/05)

4. FEI Number 51-0194511	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

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IN THIS SPACE**

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6. Name and Address of Current Registered Agent

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

8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ELDEN, PHYLLIS 24 DOCKSIDE LANE, #417 KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, JAMES 201 OCEAN REEF DRIVE, D-29 KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TECHET, STEVEN 06 CHANNEL CAY ROAD KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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11/07/05-80029-011 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Phyllis Elden 2/21/06 305-367-9021
SIGNATURE AND TYPED OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR Date Cayman Phone #