2007 NOT-FOR-PROFIT CORPORATION

May 11, 2007 8:00 am Secretary of State ANNUAL REPORT (AR) **DOCUMENT # 715811** 1. Entity Name 05-11-2007 90029 011 ****61.25 OCEAN REEF YACHT CLUB, INC. Principal Place of Business Mailing Address 24 DOCKSIDE LANE 24 DOCKSIDE LANE KEY LARGO FL 33037 US KEY LARGO FL 33037 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State 4. FEI Number Applied For City & State 51-0194511 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo ELDEN, PHYLLIS Street Address (P.O. Box Number is Not Acceptable) 24 DOCKSIDE LANE, #417 N KEY LARGO FL 33037 City Zip Code 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 (amiliar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution Due By May 1, 2007 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS TITLE TITLE ☐ Delete DIRECTOR Robert Falk NAME ELDEN, PHYLLIS NAME STREET ADDRESS 24 DOCKSIDE LANE, #417 STREET ADDRESS Exuma Road Key Largo, FL 33037 CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL 33037 TITLE nne 👿 Delete ROBERT SAUER NAME. ANDERSON, JAMES NAME 26 Dilly Tree Park Key Largo, FL 33037 STREET ADDRESS STREET ADDRESS 201 OCEAN REEF DRIVE, D-29 CITY-ST-7IP CHY-ST-ZIP KEY LARGO FL 33037 Delele UHE. Addition NAME TECHET, STEVEN NAME STREET ADDRESS STREET ADDRESS 06 CHANNEL CAY ROAD CHY-ST-ZIP CITY-ST-ZIP KEY LARGO FL 33037 IMIE TOTE ☐ Change ☐ Addition ☐ Defele NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 7IP MIE ☐ Defete THEF ☐ Change Addition NAME NAME STRUET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY-ST-7IP Change Addition TITLE ☐ Delete HHE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-7IP

NAME STREET ADDRESS

CITY-ST-ZIP

FILED