

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Mar 26, 2003 8:00 am
Secretary of State

2/2:

02-25-2003 90139 042 ****61.25

DOCUMENT # 715811

1. Entity Name
OCEAN REEF YACHT CLUB, INC.



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**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **51-0194511**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** 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 familiar 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 Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	ELDEN, PHYLLIS	<input type="checkbox"/> Delete
NAME	24 DOCKSIDE LANE, #417	
STREET ADDRESS	KEY LARGO FL 33037	
CITY-ST-ZIP		
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	STOCKER, BOB	
STREET ADDRESS	24 DOCKSIDE LANE 417	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	VCD	<input checked="" type="checkbox"/> Delete
NAME	HOUTS, JIM L	
STREET ADDRESS	41 ISLAND DR.	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	JOHN NOBLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3 CANNON POINT	
STREET ADDRESS	Key Largo FL 33037	
CITY-ST-ZIP		
TITLE	ALAN GOLDSTEIN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5 CANNON POINT	
STREET ADDRESS	Key Largo, FL 33037	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATURE:  **305-367-9021**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)