



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90258 021 \*\*\*\*61.25

<b>DOCUMENT # 731032</b> 1. Entity Name <b>OCEAN REEF VOLUNTEER FIRE DEPARTMENT INC.</b>					
Principal Place of Business <b>110 ANCHOR DRIVE KEY LARGO, FL 33037 US</b>			Mailing Address <b>24 DOCKSIDE LANE PMB 505 KEY LARGO, FL 33037 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>23-7411790</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee Is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, RICHARD		NAME	MONK, ALBERT C	
STREET ADDRESS	09 BAY RIDGE ROAD		STREET ADDRESS	02 CHANNEL CAY RD	
CITY-ST-ZIP	KEY LARGO, FL 33037		CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	C	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, RICK		NAME	HOWARD, RICK	
STREET ADDRESS	23 DISPATCH CREEK COURT		STREET ADDRESS	23 DISPATCH CREEK COURT	
CITY-ST-ZIP	KEY LARGO, FL 33037		CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ASTBURY, PAUL MG		NAME	OLCOTT, EMELY	
STREET ADDRESS	09 HALFWAY RD		STREET ADDRESS	09 CARD SOUND RD	
CITY-ST-ZIP	KEY LARGO, FL 33037		CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITZ, DAVID C		NAME	RITZ, DAVID C	
STREET ADDRESS	35 OCEAN REEF DRIVE SUITE 220		STREET ADDRESS	35 OCEAN REEF DRIVE SUITE 220	
CITY-ST-ZIP	KEY LARGO, FL 33037		CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	D	<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALF, EDWARD		NAME	LUNSFORD, Gregory	
STREET ADDRESS	30465 SANCTUARY TERRACE		STREET ADDRESS	35 OCEAN REEF DRIVE SUITE 220	
CITY-ST-ZIP	KEY LARGO, FL 33037		CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, MIKE		NAME	OELTJEN, JEFFREY	
STREET ADDRESS	01 SUNRISE CAY DR		STREET ADDRESS	35 OCEAN REEF DRIVE SUITE 220	
CITY-ST-ZIP	KEY LARGO, FL 33037		CITY-ST-ZIP	KEY LARGO FL 33037	
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.					
<b>SIGNATURE:</b> 			Date <b>4-20-05</b>		Daytime Phone # <b>305-367-7323</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

# ATTACHMENT

20045718

Ocean Reef Volunteer Fire Department, Inc.  
Document #731032

## Additions

T  
Suzanne Anderson  
35 Ocean Reef Drive, Suite 200  
Key Largo, FL 33037

D  
Gilbert, Bruce C.  
23 Tamarind Ln.  
Key Largo, FL 33037

D  
Elenbaas, Ronald A.  
01 Sunset Cay Rd.  
Key Largo, FL 33037

D  
Rose, Lynn  
03 Harbour House  
Key Largo, FL 33037

D  
Techet, Steven  
06 Channel Cay Rd.  
Key Largo, FL 33037

D  
Yoh Jr., Harold  
40 Cardinal Ln.  
Key Largo, FL 33037