

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90018 036 \*\*\*\*61.25

**DOCUMENT # 746137**

1. Entity Name

**OCEAN REEF LANDINGS PROPERTY OWNERS  
ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

5 BARRACUDA LN/OCEAN REEF CLUB  
N. KEY LARGO FL 33037-0792  
US

120 ANCHOR DRIVE  
KEY LARGO FL 33037  
US



2. Principal Place of Business - No P.O. Box #

**10 Barracuda Lane**

Suite, Apt. #, etc.

3. Mailing Address

**10 Barracuda Lane**

Suite, Apt. #, etc.

City & State

**Key Largo, FL 33037**

City & State

**Key Largo, FL 33037**

4. FEI Number

**59-1892735**

Applied For

Not Applicable

Zip

**33037**

Country

**USA**

Zip

**33037**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MOSS, EVELYN  
120 ANCHOR DRIVE  
KEY LARGO FL 33037**

7. Name and Address of New Registered Agent

Name

**Moss, Evelyn**

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

**10 Barracuda Lane**

City

**Key Largo,**

**FL**

Zip Code

**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

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  
Due By May 1, 2007**

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	PD	<input type="checkbox"/> Delete
NAME	KIRSCHNER, CLAUDE	
STREET ADDRESS	120 ANCHOR DRIVE	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GOING, WILLIAM	
STREET ADDRESS	5 BARRACUDA LANE	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	D	<input type="checkbox"/> Delete
NAME	LARSEN, JOHN	
STREET ADDRESS	120 ANCHOR DRIVE	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	POAD	<input type="checkbox"/> Delete
NAME	MOSS, EVELYN	
STREET ADDRESS	120 ANCHOR DRIVE	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kirschner, Claude	
STREET ADDRESS	10 Barracuda Lane	
CITY-ST-ZIP	Key Largo, FL 33037	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Going, William	
STREET ADDRESS	10 Barracuda Lane	
CITY-ST-ZIP	Key Largo, FL 33037	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Larsen, John	
STREET ADDRESS	10 Barracuda Lane	
CITY-ST-ZIP	Key Largo, FL 33037	
TITLE	POAD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Moss, Evelyn	
STREET ADDRESS	10 Barracuda Lane	
CITY-ST-ZIP	Key Largo, FL 33037	
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 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.

SIGNATURE:

*Evelyn Moss*

Evelyn Moss

4/23/07

305-367-3232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #