

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746333

FILED
Jun 16, 2009
Secretary of State

Entity Name: OCEAN REEF ART LEAGUE, INC.

Current Principal Place of Business:

120 ANCHOR DRIVE (OCEAN REEF CLUB)
KEY LARGO, FL 33037

New Principal Place of Business:

Current Mailing Address:

24 DOCKSIDE LANE
PMB 182
KEY LARGO, FL 33037 US

New Mailing Address:

FEI Number: 59-2059761 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HARRIS, SHERRI
1336 CALDER RD.
KEY LARGO, FL 33037 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: ANDERSON, ANNE
Address: 24 DICKSIDE LANE #425
City-St-Zip: KEY LARGO, FL 33037

Title: VP () Delete
Name: PLUHAR, KATHLEEN
Address: 04 LAKESIDE LANE
City-St-Zip: KEY LARGO, FL 33037

Title: EX-O (X) Delete
Name: LEVY, LINDA
Address: 30 FISHERMANS COVE, #B
City-St-Zip: KEY LARGO, FL 33037

Title: T () Delete
Name: MEREDITH, SHIELA
Address: 05 W. SNAPPER PT.
City-St-Zip: KEY LARGO, FL 33037

Title: S () Delete
Name: HELD, CLAIRE
Address: PO BOX 1493
City-St-Zip: LAKEVILLE, CT 06039

Title: D () Delete
Name: HARRIS, SHERRI D
Address: 1336 CALDER RD.
City-St-Zip: KEY LARGO, FL 33037

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: ANDERSON, ANNE
Address: 24 DOCKSIDE LANE PMB #425
City-St-Zip: KEY LARGO, FL 33037

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: DILLON, ANGELA
Address: 24 DOCKSIDE LANE PMB #33
City-St-Zip: KEY LARGO, FL 33037

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERRI HARRIS

DIR

06/16/2009

Electronic Signature of Signing Officer or Director

Date