


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 747700</b> 1. Entity Name <b>THE HEALTH AND TENNIS CLUB AT OCEAN REEF, INC.</b>	
---	---

Principal Place of Business <b>314 ANCHOR DRIVE KEY LARGO, FL 33037 US</b>	Mailing Address <b>314 ANCHOR DRIVE KEY LARGO, FL 33037 US</b>
---	---

**DO NOT WRITE IN THIS SPACE**



02212005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-1918608</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  
**KUCKER, FRED R  
ONE BISCAYNE TOWER SUITE 1740  
TWO SOUTH BISCAYNE BLVD  
MIAMI, FL**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<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>
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RONCARELLI, EDWARD 314 ANCHOR DRIVE KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD FOSTER, MICHAEL 314 ANCHOR DRIVE KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BENOVITZ, MADGE 314 ANCHOR DRIVE KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD STORM, JOHN F 314 ANCHOR DRIVE KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000358471  
05/04/05-80115-015 61.25

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:**  **MICHAEL FOSTER, TREAS** **28APR05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #