

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747700

FILED
Apr 28, 2006
Secretary of State

Entity Name: THE HEALTH AND TENNIS CLUB AT OCEAN REEF, INC.

Current Principal Place of Business:

314 ANCHOR DRIVE
KEY LARGO, FL 33037 US

New Principal Place of Business:

Current Mailing Address:

314 ANCHOR DRIVE
KEY LARGO, FL 33037 US

New Mailing Address:

FEI Number: 59-1918608

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUCKER, FRED R
ONE BISCAYNE TOWER SUITE 1740
TWO SOUTH BISCAYNE BLVD
MIAMI, FL 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: PD () Delete
Name: RONCARELLI, EDWARD
Address: 314 ANCHOR DRIVE
City-St-Zip: KEY LARGO, FL 33037

Title: TD () Delete
Name: FOSTER, MICHAEL
Address: 314 ANCHOR DRIVE
City-St-Zip: KEY LARGO, FL 33037

Title: SD () Delete
Name: BENOVIKZ, MADGE
Address: 314 ANCHOR DRIVE
City-St-Zip: KEY LARGO, FL 33037

Title: VPD () Delete
Name: STORM, JOHN F
Address: 314 ANCHOR DRIVE
City-St-Zip: KEY LARGO, FL 33037

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: MANN, GERTRUDE
Address: 314 ANCHOR DRIVE
City-St-Zip: KEY LARGO, FL 33037

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

Title: PD (X) Change () Addition
Name: BENOVIKZ, MADGE
Address: 314 ANCHOR DRIVE
City-St-Zip: KEY LARGO, FL 33037

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL FOSTER

TD

04/28/2006

Electronic Signature of Signing Officer or Director

Date