**FILE NOW: FILING FEE AFTER MAY 1 IS $155.00**

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 APR 17 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 753141 (1)

1. Corporation Name

OCEAN REEF FISHERMAN'S COVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
3 BARRACUDA LANE
OCEAN REEF CLUB
N. KEY LARGO FL 33037

Mailing Address
3 BARRACUDA LANE
OCEAN REEF CLUB
N. KEY LARGO FL 33037

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/26/1980
3a. Date of Last Report: 04/11/1994
4. FEI Number: 59-2199233 — Applied For / Not Applicable

2. Principal Place of Business
21 120 Anchor Dr.
22 Suite, Apt. #, etc.
23 City & State: Key Largo, FL
24 Zip: 33037
25 Country: Monroe

2a. Mailing Address
26 100 Anchor Dr. #157
27 Suite, Apt. #, etc.
28 City & State: Key Largo, FL
29 Zip: 33037
30 Country: Monroe

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BLACK, PARKER A.
31 OCEAN REEF CLUB DRIVE
MAILROOM BOX 157
KEY LARGO FL 33037

10. Name and Address of New Registered Agent

81 Name: Parker A. Black
82 Street Address (P.O. Box Number is Not Acceptable): 100 Anchor Dr. #157
83
84 City: Key Largo FL 85 Zip Code: 33037

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Parker A. Black — 4-7-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name is changed) DATE

| 12. | OFFICERS AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. |
|---|---|---|---|
| TITLE | D | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | HENRICH, HAROLD | 1.2 NAME | D Dr. Ronald Freshley |
| STREET ADDRESS | ORC BOX 157 | 1.3 STREET ADDRESS | 100 Anchor Dr. #157 |
| CITY · ST · ZIP | N. KEY LARGO FL | 1.4 CITY · ST · ZIP | Key Largo, FL 33037 |
| TITLE | D | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | LANDON, WILLIAM | 2.2 NAME | |
| STREET ADDRESS | ORC BOX 157 | 2.3 STREET ADDRESS | |
| CITY · ST · ZIP | N. KEY LARGO FL | 2.4 CITY · ST · ZIP | |
| TITLE | D | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | MESSINA, FRED | 3.2 NAME | |
| STREET ADDRESS | ORC BOX 157 | 3.3 STREET ADDRESS | |
| CITY · ST · ZIP | N. KEY LARGO FL | 3.4 CITY · ST · ZIP | |
| TITLE | D | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | DERDERIAN, ROBERT | 4.2 NAME | |
| STREET ADDRESS | ORC BOX 157 | 4.3 STREET ADDRESS | |
| CITY · ST · ZIP | N. KEY LARGO FL | 4.4 CITY · ST · ZIP | |
| TITLE | D | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | VINCUNAS, RAY | 5.2 NAME | |
| STREET ADDRESS | ORC BOX 157 | 5.3 STREET ADDRESS | |
| CITY · ST · ZIP | N. KEY LARGO FL | 5.4 CITY · ST · ZIP | |
| TITLE | D | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | BLACK, PARKER | 6.2 NAME | |
| STREET ADDRESS | ORC BOX 157 | 6.3 STREET ADDRESS | |
| CITY · ST · ZIP | N KEY LARGO FL | 6.4 CITY · ST · ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qu[illegible]y for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and a[illegible]rate 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 exec[illegible] this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Parker A. Black — 4-7-95 — (305) 367-3945
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0038987