

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90724 047 \*\*\*\*61.25

**DOCUMENT # 753141**

1. Entity Name  
**OCEAN REEF FISHERMAN'S COVE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**120 ANCHOR DRIVE  
KEY LARGO FL 33037  
US**

Mailing Address  
**120 ANCHOR DRIVE  
KEY LARGO FL 33037  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**MOSS, EVELYN  
120 ANCHOR DRIVE  
KEY LARGO FL 33037**

4. FEI Number **59-2199233**  
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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**

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	FRESHLEY, RONALD DR	
STREET ADDRESS	31 OCEAN REEF DR, #A-200	
CITY-ST-ZIP	KEY LARGO F 33037	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BEVIER, LOUIS	
STREET ADDRESS	120 ANCHOR DRIVE	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIRSCHNER, HENRY	
STREET ADDRESS	31 OCEAN REEF DR, #A-200	
CITY-ST-ZIP	N. KEY LARGO FL 33037	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUDICELLO, FRANK	
STREET ADDRESS	120 ANCHOR DRIVE	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OWSLEY, RICHARD	
STREET ADDRESS	120 ANCHOR DRIVE	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	POA	<input type="checkbox"/> Delete
NAME	MOSS, EVELYN	
STREET ADDRESS	120 ANCHOR DRIVE	
CITY-ST-ZIP	KEY LARGO FL 33037	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Freshley, Fred R.	
STREET ADDRESS	120 Anchor Drive	
CITY-ST-ZIP	Key Largo, FL 33037	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bevier, Louis	
STREET ADDRESS	120 Anchor Drive	
CITY-ST-ZIP	Key Largo, FL 33037	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kirschner, Henry	
STREET ADDRESS	120 Anchor Drive	
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 checked="" type="checkbox"/> Addition
NAME	O'Leary, Joan	
STREET ADDRESS	120 Anchor Drive	
CITY-ST-ZIP	Key Largo, FL 33037	
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 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 another like empowered.

SIGNATURE: *Evelyn Moss* **SIGNATURE REQUIRED** Managing Agent 4-28-03 305-367-3232

CR2E037 (10/02)