


FILE NOW: FILING FEE IS \$61.25

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May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **769690** (9)
1. Corporation Name
OCEAN REEF MARINA CONDOMINIUM I ASSOCIATION, INC



Principal Place of Business 31 OCEAN REEF DRIVE, SUITE A-207 KEY LARGO FL 33037	Mailing Address 31 OCEAN REEF DRIVE, SUITE A-207 KEY LARGO FL 33037
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3. Date Incorporated or Qualified 08/03/1983	
4. FEI Number 59-2379984	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 120 Anchor Drive Suite, Apt. #, etc. 22	2a. Mailing Address 26 100 Anchor Drive #476 Suite, Apt. #, etc. 27
City & State 23 Key Largo, FL Zip 24 33037	City & State 28 Key Largo, FL Zip 29 33037

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**MOSS, EVELYN
31 OCEAN REEF DRIVE, SUITE A-207
KEY LARGO FL 33037**

10. Name and Address of New Registered Agent
81 Name Moss, Evelyn
82 Street Address (P.O. Box Number is Not Acceptable) 100 Anchor Drive #476
83
84 City Key Largo
85 Zip Code FL 33037

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Evelyn Moss* **Evelyn Moss** **4-27-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PTD	<input type="checkbox"/> DELETE	1.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DELLIGATTI, JAMES		1.2 NAME Delligatti, James	
STREET ADDRESS 31 OCEAN REEF DR. A 207		1.3 STREET ADDRESS 100 Anchor Drive #476	
CITY-ST-ZIP KEY LARGO FL 33037		1.4 CITY-ST-ZIP Key Largo, FL 33037	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LILLY, RICHARD		2.2 NAME Lilly, Richard	
STREET ADDRESS 31 OCEAN REEF DR., A207		2.3 STREET ADDRESS 100 Anchor Drive #476	
CITY-ST-ZIP KEY LARGO FL		2.4 CITY-ST-ZIP Key Largo, FL 33037	
TITLE POAD	<input type="checkbox"/> DELETE	3.1 TITLE POA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MOSS, EVELYN		3.2 NAME Moss, Evelyn	
STREET ADDRESS 31 OCEAN REEF DR. A-207		3.3 STREET ADDRESS 100 Anchor Drive #476	
CITY-ST-ZIP KEY LARGO FL 33037		3.4 CITY-ST-ZIP Key Largo, FL 33037	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME Grunow, John	
STREET ADDRESS		4.3 STREET ADDRESS 100 Anchor Drive #476	
CITY-ST-ZIP		4.4 CITY-ST-ZIP Key Largo, FL 33037	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME Spence, Bill	
STREET ADDRESS		5.3 STREET ADDRESS 100 Anchor Drive #476	
CITY-ST-ZIP		5.4 CITY-ST-ZIP Key Largo, FL 33037	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME Muller, Bruce	
STREET ADDRESS		6.3 STREET ADDRESS 100 Anchor Drive #476	
CITY-ST-ZIP		6.4 CITY-ST-ZIP Key Largo, FL 33037	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Evelyn Moss* **Evelyn Moss** **4-27-98** **305 367-3232**

CP2E037 (10/97)