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**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90019 028 \*\*\*\*61.25

0024858

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 769690**

1. Corporation Name

**OCEAN REEF MARINA CONDOMINIUM I ASSOCIATION, INC**

Principal Place of Business

120 ANCHOR DR  
KEY LARGO FL 33037  
US

Mailing Address

100 ANCHOR DR  
STE 476  
KEY LARGO FL 33037  
US

454313 - 90019 - 20



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

08/03/1983

4. FEI Number

59-2379984

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

MOSS, EVELYN  
100 ANCHOR DR  
STE 476  
KEY LARGO FL 33037

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE VD  
NAME DELLIGATTI, JAMES  
STREET ADDRESS 100 ANCHOR DR 476  
CITY-ST-ZIP KEY LARGO FL 33037

TITLE PD  
NAME LILLY, RICHARD  
STREET ADDRESS 100 ANCHOR DR 476  
CITY-ST-ZIP KEY LARGO FL 33037

TITLE POA  
NAME MOSS, EVELYN  
STREET ADDRESS 100 ANCHOR DR 476  
CITY-ST-ZIP KEY LARGO FL 33037

TITLE D  
NAME GRUNOW, JOHN  
STREET ADDRESS 100 ANCHOR DR 476  
CITY-ST-ZIP KEY LARGO FL 33037

TITLE D  
NAME SPENCE, BILL  
STREET ADDRESS 100 ANCHOR DR 476  
CITY-ST-ZIP KEY LARGO FL 33037

TITLE D  
NAME MULLER, BRUCE  
STREET ADDRESS 100 ANCHOR DR 476  
CITY-ST-ZIP KEY LARGO FL 33037

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition  
1.2 NAME Delligatti, James  
1.3 STREET ADDRESS 100 Anchor Drive #476  
1.4 CITY-ST-ZIP Key Largo, FL 33037

2.1 TITLE VD ☐ Change ☒ Addition  
2.2 NAME Hoff, Kenneth  
2.3 STREET ADDRESS 100 Anchor Drive #476  
2.4 CITY-ST-ZIP Key Largo, FL 33037

3.1 TITLE D ☐ Change ☒ Addition  
3.2 NAME Seta, Hank  
3.3 STREET ADDRESS 100 Anchor Drive #476  
3.4 CITY-ST-ZIP Key Largo, FL 33037

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

4-23-99 305 367-3232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)