


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90010 008 \*\*\*\*61.25

<b>DOCUMENT # 769690</b>	
1. Entity Name <b>OCEAN REEF MARINA CONDOMINIUM I ASSOCIATION, INC.</b>	

Principal Place of Business <b>120 ANCHOR DR KEY LARGO FL 33037 US</b>	Mailing Address <b>120 ANCHOR DR KEY LARGO FL 33037 US</b>
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2. Principal Place of Business - No P.O. Box # <b>10 Barracuda Lane</b>	3. Mailing Address <b>10 Barracuda Lane</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State <b>Key Largo, FL</b>	City & State <b>Key Largo, FL</b>
Zip <b>33037</b>	Country <b>USA</b>

4. FEI Number <b>59-2379984</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent <b>MOSS, EVELYN 120 ANCHOR DR KEY LARGO FL 33037</b>	7. Name and Address of New Registered Agent Name <b>Moss, Evelyn</b> Street Address (P.O. Box Number is Not Acceptable) <b>10 Barracuda Lane</b> City <b>Key Largo FL 33037</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD BLOOM, GREGORY 120 ANCHOR DRIVE KEY LARGO FL 33037 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D Bloom, Geoffrey 10 Barracuda Lane Key Largo, FL 33037 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD MACAULAY, BLAIR 120 ANCHOR DR KEY LARGO FL 33037 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD MacAulay, Blair 10 Barracuda Lane Key Largo, FL 33037 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	POA MOSS, EVELYN 120 ANCHOR DR KEY LARGO FL 33037 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	POA Moss, Evelyn 10 Barracuda Lane Key Largo, FL 33037 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD WISHNACK, MARSHALL 120 ANCHOR DR KEY LARGO FL 33037 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPD Wishnack, Marshall 10 Barracuda Lane Key Largo, FL 33037 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D Hammett, Grey 10 Barracuda Lane Key Largo, FL 33037 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 all other like empowered.

SIGNATURE: Evelyn Moss Evelyn Moss 4/23/07 305-367-3232  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #