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FILED

Jan 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N34348 (5)

1. Corporation Name

THE SCHOOLHOUSE AT OCEAN REEF, INC.

Principal Place of Business

2 DOCKSIDE LN
KEY LARGO FL 33037
US

Mailing Address

2 DOCKSIDE LN.
KEY LARGO FL 33037-5256
US3. Date Incorporated or Qualified
09/26/19893a. Date of Last Report
04/29/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

65-0146241

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐Yes ☐ No

9. Name and Address of Current Registered Agent

ECUYER, ROBERT E
2 DOCKSIDE LN
OCEAN REEF CLUB
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

TITLE DP ☒ DELETE
NAME ECUYER, ROBERT E.
STREET ADDRESS 22 DISPATCH CREEK ROAD
CITY-ST-ZIP NORTH KEY LARGO FLTITLE DP ☐ DELETE
NAME STAMPS, PENELOPE
STREET ADDRESS 7 OSPREY LANE
CITY-ST-ZIP KEY LARGO FLTITLE D ☐ DELETE
NAME FLANAGAN, THOMAS
STREET ADDRESS 45 PADEFISH LN
CITY-ST-ZIP KEY LARGO FLTITLE D ☒ DELETE
NAME LEE, JOHN
STREET ADDRESS 1 ANCHORE DR
CITY-ST-ZIP KEY LARGO FLTITLE TD ☐ DELETE
NAME VASQUEZ, MARY D
STREET ADDRESS 4 HARBOR ISLAND DR
CITY-ST-ZIP KEY LARGO FLTITLE D ☐ DELETE
NAME KENT, VINCENT
STREET ADDRESS 34 CARDINAL LANE
CITY-ST-ZIP KEY LARGO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition
1.2 NAME Stover, Kathryn
1.3 STREET ADDRESS 08 Sunrise Cay Drive
1.4 CITY-ST-ZIP North Key Largo, FL 330372.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE S ☒ Change ☐ Addition
4.2 NAME Dicke, Janet
4.3 STREET ADDRESS 50 Card Sound Road
4.4 CITY-ST-ZIP North Key Largo, FL 330375.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0024423

CR2E037 (9/96)