


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 21, 1999 8:00 am**  
**Secretary of State**

02-21-1999 90048 040 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N34348</b>					
1. Corporation Name <b>THE ACADEMY AT OCEAN REEF, INC.</b>					
Principal Place of Business 2 DOCKSIDE LN KEY LARGO FL 33037 US			Mailing Address 2 DOCKSIDE LN. KEY LARGO FL 33037 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/26/1989</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0146241</b>	
22	City & State	27	City & State	Applied For <input type="checkbox"/> Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24	Country	29	Country	6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25		30		Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>ECUYER, ROBERT E 2 DOCKSIDE LN OCEAN REEF CLUB KEY LARGO, FL 33037</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code
				<b>FL</b>			

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BELTON, TOM			1.2 NAME			
STREET ADDRESS	10 GRAYVILK			1.3 STREET ADDRESS			
CITY-ST-ZIP	NORTH KEY LARGO FL 33037			1.4 CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STAMPS, PENELOPE			2.2 NAME			
STREET ADDRESS	7 OSPREY LANE			2.3 STREET ADDRESS			
CITY-ST-ZIP	KEY LARGO FL			2.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FLANAGAN, THOMAS			3.2 NAME			
STREET ADDRESS	45 PADEFISH LN			3.3 STREET ADDRESS	45 Spadefish Lane		
CITY-ST-ZIP	KEY LARGO FL 33037			3.4 CITY-ST-ZIP	Key Largo, FL 33037		
TITLE	SD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DICKE, JANET			4.2 NAME			
STREET ADDRESS	50 CARD SOUND ROAD			4.3 STREET ADDRESS			
CITY-ST-ZIP	NORTH KEY LARGO FL 33037			4.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FURNEAUX, PATTI			5.2 NAME			
STREET ADDRESS	42 SOUTH BRIDGE LANE			5.3 STREET ADDRESS			
CITY-ST-ZIP	NORTH KEY LARGO FL 33037			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KENT, VINCENT			6.2 NAME			
STREET ADDRESS	34 CARDINAL LANE			6.3 STREET ADDRESS	102 Andros Road		
CITY-ST-ZIP	KEY LARGO FL			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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/99 305-367-2409

Date

Daytime Phone #

CR2E037 (11/98)

0024876