

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90010 028 ****61.25

DOCUMENT # N92000000498 1. Entity Name OCEAN REEF CLUB, INC.					
Principal Place of Business 35 OCEAN REEF DRIVE SUITE 200 KEY LARGO, FL 33037			Mailing Address 35 OCEAN REEF DRIVE SUITE 200 KEY LARGO, FL 33037		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LUBAN, KENNETH A 35 OCEAN REEF DR STE 200 KEY LARGO, FL 33037				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VCD		TITLE	CD	
NAME	SMITH, MICHAEL K		NAME	Smith, Michael K.	
STREET ADDRESS	35 OCEAN REEF DR, SUITE 200		STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO, FL 33037		CITY-ST-ZIP		
TITLE	DC		TITLE	VCDT	
NAME	SHIELDS, PETER F		NAME	Yoh, Jr. Harold L.	
STREET ADDRESS	35 OCEAN REEF DR, SUITE 200		STREET ADDRESS	35 Ocean Reef Dr, Suite 200, Key Largo	
CITY-ST-ZIP	KEY LARGO, FL 33037		CITY-ST-ZIP		
TITLE	TD		TITLE		
NAME	STAMPS, IV, E-ROE		NAME		
STREET ADDRESS	35 OCEAN REEF DR, SUITE 200		STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO, FL 33037		CITY-ST-ZIP		
TITLE	SVP		TITLE		
NAME	LUBAN, KENNETH A		NAME		
STREET ADDRESS	35 OCEAN REEF DR, SUITE 200		STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO, FL		CITY-ST-ZIP		
TITLE	PD		TITLE		
NAME	ASTBURY, PAUL M.G.		NAME		
STREET ADDRESS	35 OCEAN REEF DR, SUITE 200		STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO, FL 33037		CITY-ST-ZIP		
TITLE	VP		TITLE		
NAME	ANDERSON, SUZANNE C		NAME		
STREET ADDRESS	35 OCEAN REEF DR, SUITE 200		STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO, FL 33037		CITY-ST-ZIP		
12. 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 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: _____		Kenneth A. Luban		1/28/2004 305.367.5850	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	



01272004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0371142

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VCD	☐ Delete
NAME	SMITH, MICHAEL K	
STREET ADDRESS	35 OCEAN REEF DR, SUITE 200	
CITY-ST-ZIP	KEY LARGO, FL 33037	
TITLE	DC	☒ Delete
NAME	SHIELDS, PETER F	
STREET ADDRESS	35 OCEAN REEF DR, SUITE 200	
CITY-ST-ZIP	KEY LARGO, FL 33037	
TITLE	TD	☒ Delete
NAME	STAMPS, IV, E-ROE	
STREET ADDRESS	35 OCEAN REEF DR, SUITE 200	
CITY-ST-ZIP	KEY LARGO, FL 33037	
TITLE	SVP	☐ Delete
NAME	LUBAN, KENNETH A	
STREET ADDRESS	35 OCEAN REEF DR, SUITE 200	
CITY-ST-ZIP	KEY LARGO, FL	
TITLE	PD	☐ Delete
NAME	ASTBURY, PAUL M.G.	
STREET ADDRESS	35 OCEAN REEF DR, SUITE 200	
CITY-ST-ZIP	KEY LARGO, FL 33037	
TITLE	VP	☐ Delete
NAME	ANDERSON, SUZANNE C	
STREET ADDRESS	35 OCEAN REEF DR, SUITE 200	
CITY-ST-ZIP	KEY LARGO, FL 33037	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	☒ Change ☐ Addition
NAME	Smith, Michael K.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VCDT	☐ Change ☒ Addition
NAME	Yoh, Jr. Harold L.	
STREET ADDRESS	35 Ocean Reef Dr, Suite 200, Key Largo	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: _____ Kenneth A. Luban 1/28/2004 305.367.5850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #