$61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N92000000498

1. Entity Name
OCEAN REEF CLUB, INC.

FILED
05 JUL 13 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
35 OCEAN REEF DRIVE SUITE 200 KEY LARGO, FL 33037	35 OCEAN REEF DRIVE SUITE 200 KEY LARGO, FL 33037

07052005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0371142 ☐ Applied For ☐ Not Applicable

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

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 September 7, 2005

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CD SMITH, MICHAEL K 35 OCEAN REEF DR, SUITE 200 KEY LARGO, FL 33037	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CDT Harold L. Yoh, Jr. 35 Ocean Reef Drive, Suite 200 Key Largo, FL 33037	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VDCT YOH, HAROLD L 35 OCEAN REEF DR., STE. 200 KEY LARGO, FL 33037	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD Richard B. Miller 35 Ocean Reef Drive, Suite 200 Key Largo, FL 33037	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP LUBAN, KENNETH A 35 OCEAN REEF DR, SUITE 200 KEY LARGO, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100057717451 07/20/05--01046--004 **411.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ASTBURY, PAUL M.G. 35 OCEAN REEF DR, SUITE 200 KEY LARGO, FL 33037	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ANDERSON, SUZANNE C 35 OCEAN REEF DR, SUITE 200 KEY LARGO, FL 33037	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPATAS Carder, Suzanne 35 Ocean Reef, Dr, Suite 200 Key Largo FL 33037	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	$7/1/9	☐ Change ☐ Addition

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 7/5/05 (305) 367-5850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #