2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 18, 2006 8:00 am Secretary of State DOCUMENT # N93000000376 OCEÁN REEF CHAMBER OF COMMERCE, INC. 04-18-2006 90086 011 ****61.25 Principal Place of Business Mailing Address 35 OCEAN REEF DR 35 OCEAN REEF DR **STE 140 STE 140** JULE ELUVE KEY LARGO, FL 33037 KEY LARGO, FL 33037 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02132006 Chg-NP CR2E037 (11/05) City & State City & State 4. FEI Number 65-0383414 Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAM BLACK, JAN M Street Address (P.O. Box Number is Not Acceptable) 1500 SAN REMO AVE **SUITE 125** CORAL GABLES, FL 33146 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 typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 **\$5.00** May Be Trust Fund Contribution. Fiorida Department of State Due by May 1; 2006 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change ☐ Addition KERSHNER, CLAUDE NAME NAME STREET ADDRESS STREET ADDRESS 1 BARRACUDA LANE KEY LARGO, FL 33037 CITY-ST-ZIP CITY-ST-ZIP **VPD** TITLE ☐ Detete Change ■ Addition PERSAUD, SAM NAME NAME 31 OCEAN REEF DRIVE, # A-200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KEY LARGO, FL 33037 Change ☐ Addition TITLE TITLE ☐ Delete VASQUEZ, MARY, D NAME NAME 24 DOCKSIDE LANE, # 218 STREET ADDRESS STREET ADDRESS KEY LARGO, FL 33037 CITY-ST-ZIP CITY-ST-ZIP SD Leslie Corpenter Change Addition Leslie Corpenter 31 ocean Reef Drive, # A-300 Key Largo, FL 33037 TITLE Delete TTTLE WATSON, BOBBIE NAME NAME 24 DOCKSIDE LANE, # 445 STREET ADDRESS STREET ADDRESS KEY LARGO, FL 33037 CITY-ST-ZIP COY-ST-7IP EX D ☐ Delete TITLE TITLE NAME NAME **ELDEN, PHYLLIS** 35 OCEAN REEF DRIVE, #138 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KEY LARGO, FL 33037 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

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