

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.26).

FILED
 Aug 11 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000004259 (7)
 1. Corporation Name
OCEAN REEF COMMUNITY FOUNDATION, INC.



Principal Place of Business 31 OCEAN REEF DR. SUITE A200 KEY LARGO FL 33037	Mailing Address 31 OCEAN REEF DR., SUITE A200 KEY LARGO FL 33037
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/30/1994	3a. Date of Last Report 09/23/1996
4. FEI Number 65-0509255	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N/A	

2. Principal Place of Business 21 31 Ocean Reef Drive Suite, Apt. #, etc. 22 Suite A-301 City & State 23 Key Largo, FL Zip 24 33037	2a. Mailing Address 26 100 Anchor Drive Suite, Apt. #, etc. 27 #98 City & State 28 Key Largo, FL Zip 29 33037	Country 25	Country 30
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9. Name and Address of Current Registered Agent NOSTRO, LOUIS 201 S. BISCAYNE BLVD. SUITE 1600 MIAMI FL 33131	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME GINTEL, BOB	
STREET ADDRESS 31 OCEAN REEF DR, SUITE A200	
CITY-ST-ZIP KEY LARGO FL 33037	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME SKOGLUND, ADELAIDE	
STREET ADDRESS 31 OCEAN REEF DR, SUITE A200	
CITY-ST-ZIP KEY LARGO FL 33037	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME SMITH, HERSHEL F JR	
STREET ADDRESS 31 OCEAN REEF DR., SUITE A200	
CITY-ST-ZIP KEY LARGO FL 33037	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Aronoff, George	
1.3 STREET ADDRESS 31 Ocean Reef Drive, Suite A-301	
1.4 CITY-ST-ZIP Key Largo, FL 33037	
2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Davidson, Tom	
2.3 STREET ADDRESS 31 Ocean Reef Drive, Suite A-301	
2.4 CITY-ST-ZIP Key Largo, FL 33037	
3.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Goldstein, Alan	
3.3 STREET ADDRESS 31 Ocean Reef Drive, Suite A-301	
3.4 CITY-ST-ZIP Key Largo, FL 33037	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

8/5/97

CP2E037 (4/97)