

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90059 032 ****61.25



DOCUMENT # N94000004259

1. Entity Name
OCEAN REEF FOUNDATION, INC.

Principal Place of Business
200 ANCHOR DRIVE
KEY LARGO, FL 33037 US

Mailing Address
200 ANCHOR DR.
KEY LARGO, FL 33037 US



01232006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0509255	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NOSTRO, LOUIS
201 S. BISCAYNE BLVD.
SUITE 1600
MIAMI, FL 33131

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IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAYLOR, JOHN N 200 ANCHOR DRIVE KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVIDSON, TOM 200 ANCHOR DRIVE KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GOLDSTEIN, ALAN 200 ANCHOR DRIVE KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHIPLEY, SHIRLEY 200 ANCHOR DRIVE KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MICHNO, ROSE 200 ANCHOR DRIVE KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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.

SIGNATURE: Lois Michno Secretary 2-2-06 (305) 367-4707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #