

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90075 001 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000024797

1. Corporation Name

OCEAN REEF CLUB RENTAL PROPERTIES, INC.



Principal Place of Business
ATTN : KENNETH A. LUBAN
31 OCEAN REEF DRIVE, #C300
KEY LARGO FL 33037

Mailing Address
ATTN : KENNETH A. LUBAN
31 OCEAN REEF DRIVE, #C300
KEY LARGO FL 33037

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/28/1994	
21		26		4. FEI Number 65-0481714	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75: Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
LUBAN, KENNETH A 31 OCEAN REEF DR SUITE C-300 KEY LARGO FL 33037				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERREY, ROBERT M	1.2 NAME	SILER, SCOTT
STREET ADDRESS	31 OCEAN REEF DRIVE	1.3 STREET ADDRESS	31 OCEAN REEF DRIVE
CITY-ST-ZIP	KEY LARGO FL 33037	1.4 CITY-ST-ZIP	KEY LARGO, FL 33037
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONFORTI, KATHLEEN A	2.2 NAME	
STREET ADDRESS	31 OCEAN REEF DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL 33037	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMBRIDGE, ROBERT R	3.2 NAME	
STREET ADDRESS	31 OCEAN REEF DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL 33037	3.4 CITY-ST-ZIP	
TITLE	VPT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUEKENBROD, JAMES M	4.2 NAME	
STREET ADDRESS	31 OCEAN REEF DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL 33037	4.4 CITY-ST-ZIP	
TITLE	VPS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUBAN, KENNETH	5.2 NAME	
STREET ADDRESS	31 OCEAN REEF DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL 33037	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)