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 above, or on an attachment with all other like empowered.

PD

SIGNATURE: DAVID MIN	JTON

City-State-Zip: PORT CANAVERAL FL 32920

Electronic Signature of Signing Officer/Director Detail

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	P D	Title	T-SD	
Name	MINTON, DAVID	Name	PENFIELD, JASON	
Address	212 SOUTH CENTRAL AVENUE	Address	212 SOUTH CENTRAL AVENUE	
City-State-Zip:	ST. LOUIS MO 63105	City-State-Zip:	ST. LOUIS MO 63105	
Title	V D			
Name	HAHN, MICHAEL			
Address	930 MULLET ROAD			

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0800003769

Entity Name: OCEAN CLUB AT PORT CANAVERAL INC.

Current Principal Place of Business:

930 MULLET ROAD PORT CANAVERAL FL 32920

Current Mailing Address:

630 MAPLEWOOD DRIVE 100 JUPITER, FL 33458

FEI Number: 26-2503447

Apr 18, 2013 Secretary of State CC5052964944

FILED

Certificate of Status Desired: No

04/18/2013 Date

Date