

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000002942

Entity Name: FIVE POINT COMMUNITIES MANAGEMENT, INC.**Current Principal Place of Business:**15131 ALTON PARKWAY
SUITE 345
IRVINE, CA 92618**Current Mailing Address:**700 N.W. 107TH AVENUE
SUITE 400
MIAMI, FL 33172 US**FEI Number:** 27-0179123**Certificate of Status Desired:** No**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

Date

Officer/Director Detail :

Title PCEO
Name HADDAD, EMILE
Address 15131 ALTON PARKWAY, SUITE 345
City-State-Zip: IRVINE CA 92618

Title V
Name WHITE, MICHAEL
Address 15131 ALTON PARKWAY, SUITE 345
City-State-Zip: IRVINE CA 92618

Title CFO
Name WHITE, MICHAEL
Address 15131 ALTON PARKWAY, SUITE 345
City-State-Zip: IRVINE CA 92618

Title V
Name JONES, GRAHAM
Address 15131 ALTON PARKWAY, SUITE 345
City-State-Zip: IRVINE CA 92618

Title AS
Name WHITE, MICHAEL
Address 15131 ALTON PARKWAY, SUITE 345
City-State-Zip: IRVINE CA 92618

Title V
Name NELSON, ARNIE
Address 15131 ALTON PARKWAY, SUITE 345
City-State-Zip: IRVINE CA 92618

Title VP
Name JOCHIM, LYNN
Address 15131 ALTON PARKWAY, SUITE 345
City-State-Zip: IRVINE CA 92618

Title SECRETARY
Name ALVARADO, MICHAEL
Address 15131 ALTON PARKWAY, SUITE 345
City-State-Zip: IRVINE CA 92618

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

SIGNATURE: MICHAEL WHITE**SECRETARY****03/29/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TREASURER
Name WHITE, MICHAEL P
Address 15131 ALTON PARKWAY, SUITE 345
City-State-Zip: IRVINE CA 92618

Title ASST. SECRETARY
Name NELSON, ARNOLD
Address 15131 ALTON PARKWAY, SUITE 345
City-State-Zip: IRVINE CA 92618

Title ASST. SECRETARY
Name JONES, GRAHAM
Address 15131 ALTON PARKWAY, SUITE 345
City-State-Zip: IRVINE CA 92618