

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001132

Entity Name: WILLIAMS ISLAND OCEAN CLUB, INC.**Current Principal Place of Business:**4000 ISLAND BLVD.
PH2
AVENTURA, FL 33160**Current Mailing Address:**4000 ISLAND BLVD.
PH2
AVENTURA, FL 33160**FEI Number:** 65-0814332**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICES COMPANY
1201 HAYES STREET
TALLAHASSEE, FL 32301 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	PRESIDENT
Name	MATUS, ALAN
Address	4000 ISLAND BLVD.
City-State-Zip:	AVENTURA FL 33160

Title	VP
Name	DEGNAN, BRIAN
Address	4000 ISLAND BLVD., PH2
City-State-Zip:	AVENTURA FL 33160

Title	TREASURER
Name	LILLYCROP, WILLIAM J
Address	4000 ISLAND BLVD., PH2
City-State-Zip:	AVENTURA FL 33160

Title	EVP
Name	HIRSCH, MARK
Address	4000 ISLAND BLVD. PH2
City-State-Zip:	AVENTURA FL 33160

Title	EVP
Name	LIEB, JAMES
Address	4000 ISLAND BOULEVARD PH2
City-State-Zip:	AVENTURA FL 33160

Title	CFO
Name	SHMUELI, OREN
Address	4000 ISLAND BLVD. PH2
City-State-Zip:	AVENTURA FL 33160

Title	AVP
Name	TORPEY, CARITE
Address	4000 ISLAND BVLD. PH2
City-State-Zip:	AVENTURA FL 33160

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: WILLIAM J LILLYCROP

TREASURER,A-SEC

04/25/2014

Electronic Signature of Signing Officer/Director Detail_____
Date