


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 08:00 AM
Secretary of State

DOCUMENT # 733757 1. Entity Name 330 SOUTH OCEAN, INC.					
Principal Place of Business 330 SOUTH OCEAN BLVD. PALM BEACH, FL 33480			Mailing Address 330 SOUTH OCEAN BLVD. PALM BEACH, FL 33480		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		05152008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-1741534				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BECKER & POLIAKOFF 625 NORTH FLAGLER DRIVE 7TH FLOOR LAKE WORTH, FL 33467				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BAKER, JON 330 S. OCEAN BLVD PALM BEACH, FL 33480		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRIFFITH, BRAD 330 S OCEAN BLVD PALM BEACH, FL 33480		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALTON, ROBERT 330 S. OCEAN BLVD PALM BEACH, FL 33480		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILSTEIN, RICHARD 330 S OCEAN BLVD PALM BEACH, FL 33480		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLIFFORD, STEWART 330 S OCEAN BLVD PALM BEACH, FL 33480		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000952366 06/04/08-80074-028 61.25					
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: <u>J. BRAD GRIFFITH</u> J. BRAD GRIFFITH 5-22-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					