


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2008 08:00 AM
Secretary of State

DOCUMENT # F94000002326	
1. Entity Name OCEAN CLUB HOLDINGS, INC.	
	
Principal Place of Business 1111 BRICKELL AVE SUITE 2300 MIAMI, FL 33131 US	Mailing Address 1111 BRICKELL AVE SUITE 2300 MIAMI, FL 33131 US



02222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3753367	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HINSON, JOHN A
1111 BRICKELL AVE
SUITE 2300
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000850428
03/24/08-80006-014 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PELELLA, MONICA 1111 BRICKELL AVE., SUITE 2300 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HINSON, JOHN 1111 BRICKELL AVE SUITE 2300 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP NELSEN, MICHAEL 1311 MAMARONECK, SUITE 260 WHITE PLAINS, NY 10605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDELMAN, MARTIN L 75 EAST 55TH STREET NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FOWLER, THEODORE V 89 VALLEY DRIVE GREENWICH, CT 06831
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TEMPLE, JOHN W 2300 NW CORPORATE BLVD SUITE 238 BOCA RATON, FL 33431

**DO NOT WRITE
IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment to my address, with another like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/2008
Date

(305) 379-1200
Daytime Phone #

John A Hinson President