

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000027515**

1. Entity Name  
OCEAN PALMS OPERATING CORP.



Principal Place of Business

2750 SE OCEAN BLVD  
STUART, FL 34996

Mailing Address

2750 SE OCEAN BLVD  
STUART, FL 34996



01112007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
14-1515566

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JOSEPH, FICOCELLO  
7300 OLEANDER AVE  
MERRITT ISLAND, FL 32952

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JOSEPH, FICOCELLO
STREET ADDRESS	2750 SE OCEAN BLVD
CITY-ST-ZIP	STUART, FL 34996
TITLE	S
NAME	SUE, WEST
STREET ADDRESS	2750 SE OCEAN BLVD
CITY-ST-ZIP	STUART, FL 34996
TITLE	D
NAME	SCOTT, HOFFMAN H
STREET ADDRESS	22 HOLLAND AVE
CITY-ST-ZIP	ALBANY, NY 12209
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000608998  
02/01/07-80028-024 150.00

**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 with an address, with all other like empowered.

SIGNATURE:

*Joseph G. Ficocello*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph G. Ficocello

1/11/07 772 2880655

Date

Daytime Phone #