## 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## **DOCUMENT # P02000126669** FILED 05 APR 12 PM 3: 17 OCEAN HAMMOCK RESORT SERVICES, INC. URILITARY OF STAIL TALLAHASSEÈ, FLORIDA Principal Place of Business Mailing Address 25 OCEAN WAY N ATTN: LEGAL GROUP 11777 SAN VICENTE BLVD STE 900 PALM COAST, FL 32137 LOS ANGELES, CA 90049 2. Principal Place of Business 3. Mailing Address 11777 San Vicente Blvd. Suite, Apt. #, etc. Suite 900 Suite, Apt. #, etc. 04082005 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number Los Angeles, CA 47-0899256 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 90049 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City 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. Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. П Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME LARSEN, LEANNE NAME 11777 SAN VICENTE BLVD., SUITE 900 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP LOS ANGELES, CA 90049 CITY-ST-ZIP Delete TITLE 600050551366 ☐ Addition TITLE O'KEEFFE, PETER R NAME NAME STREET ADDRESS 11777 SAN VICENTE BLVD., SUITE 900 STREET ADDRESS LOS ANGELES, CA 90049 CITY. ST. 7IP CITY-ST-7IP TITLE ☐ Addition TITLE ☐ Delete Change NAME DEVORE, ROBERT D NAME STREET ADDRESS 25 OCEAN WAY N STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM COAST, FL 32137 TITLE DV ☐ Delete TITLE Change ☐ Addition POLADIAN, AVEDICK B NAME NAME STREET ADDRESS STREET ADDRESS 11777 SAN VICENTE BLVD., SUITE 900 CITY-ST-ZIP CITY-ST-ZIP LOS ANGELES, CA 90049 TITLE ☐ Delete TITLE Change ■ Addition PLATT, JOHN B III NAME NAME 2060 ALAMEDA PADRE SERRA STREET ADDRESS STREET ADDRESS COY-ST-ZIP SANTA BARBARA, CA 93103 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition WETHE, WILLIAM T NAME NAME STREET ADDRESS 11777 SAN VICENTE BLVD., SUITE 900 STREET ADDRESS CITY-ST-ZIP LOS ANGELES, CA 90049 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 ampowered 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 expowered. April 8, 2005 310-57/-4 xanne SIGNATURE:

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## OCEAN HAMMOCK RESORT SERVICES, INC. State of Florida 2005 For Profit Corporation Amended Annual Report

## 10. Additional Officers/Directors

V John M. DeMarco 11777 San Vicente Blvd., #900 Los Angeles, CA 90049

V Salve A. Pennya 11777 San Vicente Blvd., #900 Los Angeles, CA 90049

V Robert J. Lowe Jr. 11777 San Vicente Blvd., #900 Los Angeles, CA 90049

V Stuart C. Rockett One Corporate Plaza Palm Coast, FL 32135-4489

V William C. Vergani One Corporate Plaza Palm Coast, FL 32135-4489

V Jose Levy One Corporate Plaza Palm Coast, FL 32135-4489

V Gregg A. Harper 300 Clubhouse Drive Palm Coast, FL 32137



ACCOUNT NO. : 07210000032	
REFERENCE : 307855 5.041389	
AUTHORIZATION: Tatricia / 2015	
COST LIMIT : \$ 61.25	
ORDER DATE : April 11, 2005	
ORDER TIME : 10:13 AM	
ORDER NO. : 307855-040	
CUSTOMER NO: 5041389	:- G
CUSTOMER: Ms. Leanne Larsen Lowe Enterprises, Inc. Suite 900 11777 San Vicente Blvd. Los Angeles, CA 90049	APA 2 PI Z
ANNUAL REPORT FILING	56 S
NAME: OCEAN HAMMOCK RESORT SERVICES, INC.	•
XX ANNUAL REPORT	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Susie Knight - Ext 2956	

EXAMINER'S INITIALS: