

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000000043

1. Entity Name
COMMONWEALTH OCEAN HAMMOCK, INC.



FILED

05 APR 12 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
11777 SAN VICENTE BOULEVARD
SUITE 900 PO BOX 40921
LOS ANGELES, CA 90049

Mailing Address
11777 SAN VICENTE BOULEVARD
SUITE 900 PO BOX 40921
LOS ANGELES, CA 90049

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

04082005 Chg-P CR2E034 (10/03)

4. FEI Number
20-0543608

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE C
NAME LEARY, THEODORE M JR
STREET ADDRESS 308 NORTH SYCAMORE AVE., #406
CITY-ST-ZIP LOS ANGELES, CA 90036

TITLE P
NAME SEAMAN, BLEECKER P III
STREET ADDRESS 16710 BOLLINGER DRIVE
CITY-ST-ZIP PACIFIC PALISADES, CA 90272

TITLE V
NAME POLADIAN, AVEDICK B
STREET ADDRESS 4451 WESTCHESTER DRIVE
CITY-ST-ZIP WOODLAND HILLS, CA 913645658

TITLE VPAS
NAME PENNYA, SALVE A
STREET ADDRESS 512 GRETNA GREEN WAY
CITY-ST-ZIP LOS ANGELES, CA 90049

TITLE VP
NAME O'NEILL, KERRI A
STREET ADDRESS 25 NORTHSTAR #4
CITY-ST-ZIP MARINA DEL REY, CA 90292

TITLE VP
NAME O'KEEFFE, PETER R
STREET ADDRESS 2240 PROSSER AVE.
CITY-ST-ZIP LOS ANGELES, CA 90064

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Shane Hansen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 8, 2005 310-571-4345
Date Daytime Phone #

COMMONWEALTH OCEAN HAMMOCK, INC.
State of Florida
2005 For Profit Corporation
Amended Annual Report

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10. Additional Officers/Directors

D

Francis J. Donlevy
30 North Third Street, 5th Floor
Harrisburg, PA 17101

D

Peter M. Gilbert
30 North Third Street, 5th Floor
Harrisburg, PA 17101

D

David J. Kalman
30 North Third Street, 5th Floor
Harrisburg, PA 17101

VT

Steven P. Towle
11777 San Vicente Blvd., Suite 900
Los Angeles, CA 90049

S

Leanne Larsen
11777 San Vicente Blvd., Suite 900
Los Angeles, CA 90049



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 307855 5041389

AUTHORIZATION :

Patricia Pizuto

COST LIMIT : \$ 61.25

ORDER DATE : April 11, 2005

ORDER TIME : 10:05 AM

ORDER NO. : 307855-005

CUSTOMER NO: 5041389

CUSTOMER: Ms. Leanne Larsen
Lowe Enterprises, Inc.
Suite 900
11777 San Vicente Blvd.
Los Angeles, CA 90049

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LOS ANGELES, CALIFORNIA

ANNUAL REPORT FILING

NAME: COMMONWEALTH OCEAN HAMMOCK,
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: _____