

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90316 037 \*\*\*150.00

**DOCUMENT # P94000079003**

1. Entity Name  
**OCEAN CLUB DEVELOPMENT COMPANY**



Principal Place of Business  
**1111 BRICKELL AVE. STE 2300  
MIAMI, FL 33131**

Mailing Address  
**1111 BRICKELL AVE. STE 2300  
~~SUITE 1200~~  
MIAMI, FL 33131**

**50037214**



2. Principal Place of Business

3. Mailing Address

**1111 Brickell Ave.**

Suite, Apt. #, etc.

**Suite 2300**

01062005 Chg-P CR2E034 (10/03)

City & State

**City & State  
Miami FL**

4. FEI Number  
**65-0538781**

Applied For  
☐ Not Applicable

Zip

Country

**Zip 33131**

**Country USA**

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

**HINSON, JOHN A  
1111 BRICKELL AVE. STE 2300  
~~SUITE 1200~~  
MIAMI, FL 33131**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DCV** ☐ Delete  
NAME **TEMPLE, JOHN W.**  
STREET ADDRESS **2300 NW CORPORATE BLVD., SUITE 238**  
CITY-ST-ZIP **BOCA RATON, FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DP** ☐ Delete  
NAME **HINSON, JOHN A**  
STREET ADDRESS **1111 BRICKELL AVE. STE 2300**  
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DV** ☐ Delete  
NAME **NELSEN, MICHAEL**  
STREET ADDRESS **1311 MAMARONECK, SUITE 260**  
CITY-ST-ZIP **~~NEW YORK, NY 10106~~**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **White Plains, NY 10605**

TITLE **DV** ☐ Delete  
NAME **FOWLER, THEODORE V.**  
STREET ADDRESS **89 VALLEY DRIVE**  
CITY-ST-ZIP **GREENWICH, CT 06831**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **EDELMAN, MARTIN L.**  
STREET ADDRESS **75 EAST 55TH ST.**  
CITY-ST-ZIP **NEW YORK, NY**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☐ Delete  
NAME **BLACKMAN, CHRISTOPHER J.**  
STREET ADDRESS **1111 BRICKELL AVE. STE 2300**  
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☐ Change ☐ Addition  
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)(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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**John A. Hinson, President**

**14 Apr 05 (305) 379-1200**