


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P94000079003</b> 1. Entity Name <b>OCEAN CLUB DEVELOPMENT COMPANY</b>	
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Principal Place of Business <b>1111 BRICKELL AVE. STE 2300 MIAMI, FL 33131</b>	Mailing Address <b>1111 BRICKELL AVE. STE 2300 STE 2300 MIAMI, FL 33131</b>
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**DO NOT WRITE IN THIS SPACE**



02222008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0538781</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>HINSON, JOHN A 1111 BRICKELL AVE. STE 2300 MIAMI, FL 33131</b>
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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 renewing) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCV TEMPLE, JOHN W. 2300 NW CORPORATE BLVD., SUITE 238 BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HINSON, JOHN A 1111 BRICKELL AVE. STE 2300 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NELSEN, MICHAEL 1311 MAMARONECK, SUITE 260 WHITE PLAINS, NY 10605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FOWLER, THEODORE V. 89 VALLEY DRIVE GREENWICH, CT 06831
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDELMAN, MARTIN L. 75 EAST 55TH ST. NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLACKMAN, CHRISTOPHER J. 1111 BRICKELL AVE. STE 2300 MIAMI, FL 33131

U000000850708  
03/25/08-80009-013 150.00

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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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/5/2008** **(305) 379-1200**  
Date Daytime Phone #

*John A. Hinson President*