

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

| | |
|---|---|
| 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 STE 2300 MIAMI, FL 33131 |
|---|--|

DO NOT WRITE IN THIS SPACE



02222008 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

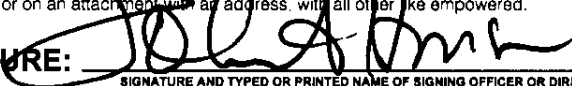
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 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 |

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 03/25/08-80003-013 150.00

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:  **3/5/2008** **(305) 379-1200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

John A. Hinson President