

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90109 034 \*\*\*150.00

DOCUMENT # **P96000092177**

1. Corporation Name

**LOWE/OCEAN HAMMOCK, INC.**

Principal Place of Business

**3 WATERSIDE PKWY  
PALM COAST FL 32137  
US**

Mailing Address

**11777 SAN VICENTE BLVD  
STE #900  
LOS ANGELES CA 90049  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/08/1996**

4. FEI Number

**59-3413935**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

**21**  
Suite, Apt. #, etc.

2a. Mailing Address

**26**  
Suite, Apt. #, etc.

City & State

**23**

Zip Country

**24** **25**

City & State

**27**

Zip Country

**29** **30**

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **PRINN, BRIAN T**  
STREET ADDRESS **11777 SAN VICENTE BLVD, #900**  
CITY-ST-ZIP **LOS ANGELES CA**

TITLE **DP** ☐ DELETE  
NAME **LEARY JR, THEODORE M**  
STREET ADDRESS **11777 SAN VICENTE BLVD, #900**  
CITY-ST-ZIP **LOS ANGELES CA**

TITLE **DEVP** ☐ DELETE  
NAME **DEL FRANCO, PETER A**  
STREET ADDRESS **11777 SAN VICENTE BLVD**  
CITY-ST-ZIP **LOS ANGELES CA**

TITLE **SVP** ☐ DELETE  
NAME **O'KEEFE, PETER R**  
STREET ADDRESS **11777 SAN VICENTE BLVD #900**  
CITY-ST-ZIP **LOS ANGELES CA 90049**

TITLE **S** ☐ DELETE  
NAME **KENYON, BETTY J**  
STREET ADDRESS **11777 SAN VICENTE BLVD #900**  
CITY-ST-ZIP **LOS ANGELES CA 90049**

TITLE **VCFO** ☐ DELETE  
NAME **SEAMAN, BLEECKER P III**  
STREET ADDRESS **11777 SAN VICENTE BLVD #900**  
CITY-ST-ZIP **LOS ANGELES CA 90049**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP **90049**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP **90049**

3.1 TITLE **Executive Vice President** ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS **11777 San Vicente Blvd., #900**  
3.4 CITY-ST-ZIP **90049**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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 #

CR2E034 (1/98)

434 100-90107-34  
P96 0000 92177

**LOWE/OCEAN HAMMOCK, INC.  
PROFIT CORPORATION ANNUAL REPORT  
OFFICERS CONTINUED**

Robert J. Lowe  
Director  
11777 San Vicente Boulevard, Suite 900  
Los Angeles, California 90049

Stuart C. Rockett  
Vice President  
3 Waterside Parkway  
Palm Coast, Florida 32137

John M. DeMarco  
Vice President and Corporate Counsel  
11777 San Vicente Boulevard, Suite 900  
Los Angeles, California 90049

Robert D. DeVore  
Vice President  
3 Waterside Parkway  
Palm Coast, Florida 32137

John R. Hemphill  
Vice President  
3 Waterside Parkway  
Palm Coast, Florida 32137

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Vice President  
11777 San Vicente Boulevard, Suite 900  
Los Angeles, California 90049

Salve A. Pennya  
Senior Vice President and Assistant Secretary  
11777 San Vicente Boulevard, Suite 900  
Los Angeles, California 90049

Ronald E. Silva  
Executive Vice President  
1500 Sansome Street  
San Francisco, California 94111

William T. Wethe  
Vice President and Assistant Secretary  
3 Waterside Parkway  
Palm Coast, Florida 32137