


**2006 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

APPROVED
AND
FILED

06 AUG 18 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PSA

DOCUMENT # N04000006911			
1. Entity Name VILLAS OF OCEAN GATE II CONDOMINIUM ASSOCIATION, INC.		Principal Place of Business 79 MASTERS DRIVE ST AUGUSTINE, FL 32084	
2. Principal Place of Business 4730 A1A South Suite, Apt. #, etc.		3. Mailing Address P. O. Box 2210 Suite, Apt. #, etc.	
City & State St. Augustine, FL		City & State St. Augustine, FL	
Zip 32080	Country St. Johns	Zip 32085	Country St. Johns
4. FEI Number 14-1972229		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		08052006 Chg-NP CR2E037 (4/06)	
6. Name and Address of Current Registered Agent HERREN, JANICE L 79 MASTERS DRIVE ST AUGUSTINE, FL 32084		7. Name and Address of New Registered Agent Name John B. Bamberg Street Address (P.O. Box Number is Not Acceptable) 4730 A1A South City St. Augustine FL Zip Code 32080	
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 <i>John B. Bamberg</i> DATE 8-16-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME MITCHELL, TERRY STREET ADDRESS 401 MONTEGO BAY CITY-ST-ZIP ST AUGUSTINE, FL 32080	<input checked="" type="checkbox"/> Delete	TITLE PD NAME John M. Williams STREET ADDRESS 4730 A1A S., St. Augustine, FL CITY-ST-ZIP 32080	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME HIBBARD, LOUISE STREET ADDRESS 301 ROYAL CARIBBEAN CT CITY-ST-ZIP ST AUGUSTINE, FL 32080	<input checked="" type="checkbox"/> Delete	TITLE STD NAME Jonathan B. Bamberg STREET ADDRESS 4730 A1A S., St. Augustine, FL CITY-ST-ZIP 32080	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME SHEWEY, BOB STREET ADDRESS 5714 SW 36TH WAY CITY-ST-ZIP GAINESVILLE, FL 32605	<input checked="" type="checkbox"/> Delete	TITLE D NAME John B. Bamberg STREET ADDRESS 4730 A1A S., St. Augustine, FL CITY-ST-ZIP 32080	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME GALLO, PAUL STREET ADDRESS 31165 HUNNINGTON WOODS PARKWAY CITY-ST-ZIP BAY VILLAGE, OH 44140	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME BRAMLITT, DENISE STREET ADDRESS 148 HIAWATHA CT CITY-ST-ZIP EAST PALATKA, FL 32131	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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: <i>John M. Williams</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		8-8-2006 (904) 237-3102 Date Daytime Phone #	

