


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 30, 2008 8:00 am**  
**Secretary of State**

01-30-2008 90039 020 \*\*\*\*61.25

**DOCUMENT # N04000006911**

1. Entity Name  
**VILLAS OF OCEAN GATE II CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business 4730 A1A SOUTH ST AUGUSTINE, FL 32080 US	Mailing Address P O BOX 2210 ST AUGUSTINE, FL 32085 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <i>125 Ocean Hibiscus Dr.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01182008 Chg-NP CR2E037 (12/06)

City & State <i>St. Augustine, FL</i>	4. FEI Number 14-1972229	Applied For <input type="checkbox"/> Not Applicable
Zip <i>32080</i>	Country <i>USA</i>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**BAMBERG, JOHN B**  
 4730 A1A SOUTH  
 ST AUGUSTINE, FL 32080

**7. Name and Address of New Registered Agent**

Name: *Sellers, Cathleen*

Street Address (P.O. Box Number is Not Acceptable)  
*125 Ocean Hibiscus Dr.*

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 *Cathleen Sellers* DATE *1/23/08*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, JOHN M 4730 A1A SOUTH ST AUGUSTINE, FL 32080 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BAMBERG, JONATHAN B 4730 A1A SOUTH ST AUGUSTINE, FL 32080 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOHOUTEK, VINCENT 264 613 RALTAR CT #209 ST AUGUSTINE, FL 32080 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kohoutek, Vincent <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 264 Gibraltar Ct. 209 St. Augustine, FL 32080
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"/> Change <input type="checkbox"/> Addition
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: *John B. Bamberg* SECRETARY *1/24/2008*