

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006911

FILED
Jan 07, 2009
Secretary of State

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

Current Principal Place of Business:

4730 A1A SOUTH
ST AUGUSTINE, FL 32080 US

New Principal Place of Business:

125 OCEAN HIBISCUS DRIVE
ST AUGUSTINE, FL 32080 US

Current Mailing Address:

125 OCEAN HIBISCUS DR.
SAINT AUGUSTINE, FL 32080 US

New Mailing Address:

125 OCEAN HIBISCUS DRIVE
ST AUGUSTINE, FL 32080 US

FEI Number: 14-1972229

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SELLERS, CATHLEEN
125 OCEAN HIBISCUS DR.
ST AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILLIAMS, JOHN M
Address: 4730 A1A SOUTH
City-St-Zip: ST AUGUSTINE, FL 32080 US

Title: STD () Delete
Name: BAMBERG, JONATHAN B
Address: 4730 A1A SOUTH
City-St-Zip: ST AUGUSTINE, FL 32080 US

Title: D () Delete
Name: KOHOUTEK, VINCENT
Address: 264 GILBRATTAR CT. 209
City-St-Zip: SAINT AUGUSTINE, FL 32080 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WILLIAMS, JOHN M
Address: 5825 GLORIA AVENUE
City-St-Zip: ST AUGUSTINE, FL 32080 US

Title: STD (X) Change () Addition
Name: BAMBERG, JONATHAN B
Address: 6275 A1A SOUTH, SUITE 103
City-St-Zip: ST AUGUSTINE, FL 32080 US

Title: D (X) Change () Addition
Name: KOHOUTEK, VINCENT
Address: 202 SOUTH OXALIS DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32080 US

Title: D () Change (X) Addition
Name: KRANSTUBER, DAVID
Address: P. O. BOX 3611
City-St-Zip: N. MYRTLE BEACH, SC 29582

Title: D () Change (X) Addition
Name: ARNOLD, RICHARD
Address: ONE DONDANVILLE ROAD
City-St-Zip: ST. AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN M WILLIAMS

PD

01/07/2009

Electronic Signature of Signing Officer or Director

Date