

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
CORPORATION DIVISION
TALLAHASSEE, FLORIDA

APPROVED
FILED

DOCUMENT # **N05866** (1)

28 MAY -1 PM 12:01

THE OCEAN GALLERY VILLAGE DEL PRADO CONDOMINIUM ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Principal Place of Business		2a. Mailing Address		3. Date incorporated or chartered		3a. Date of last report	
4800 A1A SOUTH ST. AUGUSTINE FL 32084		4800 A1A SOUTH ST. AUGUSTINE FL 32084		10/26/1984		05/01/1994	
2. Principal Place of Business		2a. Mailing Address		4. FFL Number		Applied For	
21		26		59-2537806		Not Applicable	
22. State, Apt. #, etc.		27. State, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23. City & State		28. City & State		6. For home rule special purposes		\$5.00 May Be Added to Fees	
24. City		29. City		7. Nonprofit with IRS 501(c)(3) status		\$68.75 Supplemental Fee Not Required	
25. County		30. County		8. This corporation has liability for delinquency under S. 339.10(2), Florida Statutes		Yes <input type="checkbox"/> No <input type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JONES, KATHERINE G. 780 N. PONCE DE LEON BLVD. SUITE 821 ST. AUGUSTINE FL 32085				81. Name			
				82. Federal Agency (D.C. File Number or Not Applicable)			
				83. City			
				84. State			
				85. Zip Code			
				FL			

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation submits this statement for the purpose of changing its registered office as provided in part of the State of Florida Statutes, Chapter 339, and that the corporation's board of directors, thereby, through the appointment of a registered agent, fully complies with and accepts the provisions of the aforesaid Florida Statutes.

12. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation is in good standing as of the date of filing of this report.

12. NAME AND ADDRESS	13. OFFICER OR DIRECTOR	14. CHANGE	15. ADDITION
SD CARR, PHILIP 4600 HWY A12A, S, VDP 8-1 ST AUGUSTINE FL	NAME ADDRESS CITY STATE	<input type="checkbox"/>	<input type="checkbox"/>
TD POUNTAIN, JAMES 5-3 DEL PRADO ST AUGUSTINE FL	NAME ADDRESS CITY STATE	<input type="checkbox"/>	<input type="checkbox"/>
PD VAUGHN, STUART 4600 HWY, A1A, S. VDP-91- ST. AUGUSTINE FL	NAME ADDRESS CITY STATE	<input type="checkbox"/>	<input type="checkbox"/>
VD JOHNSTON, GEORGE 4600 HWY A1A S., VDP 10-1 ST. AUGUSTINE FL	NAME ADDRESS CITY STATE	<input type="checkbox"/>	<input type="checkbox"/>
D JOHNSON, CHARLES 3297 TURTLE CRK RD ST AUGUSTINE FL	NAME ADDRESS CITY STATE	<input type="checkbox"/>	<input type="checkbox"/>

14. I, the undersigned, certify that the information provided with this filing is truthfully furnished and does not qualify for the exemption stated in Section 339.10(2), Florida Statutes. I further certify that the information provided in this annual report for supplemental annual reports is true and accurate and that my signature shall have the same legal effect as if made under oath. I declare that I am a resident of the State of Florida and that my signature on this report is required by Chapter 339, Florida Statutes, and that my name appears on the list of officers or directors of the corporation.

SIGNATURE:

4-28-95
704/471-6055