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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N05866

1. Corporation Name

THE OCEAN GALLERY VILLAGE DEL PRADO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

4600 A1A SOUTH
 ST. AUGUSTINE FL 32084

Mailing Address

4600 A1A SOUTH
 ST. AUGUSTINE FL 32084



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

10/26/1984

4. FEI Number

59-2537806

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

9. Name and Address of Current Registered Agent

GEIER, JOHN R
 4475 US 1 SOUTH
 406
 ST. AUGUSTINE FL 32086

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 617.0502 and 617.1508, 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 617.0503, 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 PD DELETE

NAME CARR, PHILIP
 STREET ADDRESS 4600 HWY A12A, S. VDP 8-1
 CITY-ST-ZIP ST AUGUSTINE FL

TITLE D DELETE

NAME HACK, AL
 STREET ADDRESS 4600 A1A SOUTH VDP 8-7
 CITY-ST-ZIP ST AUGUSTINE FL

TITLE TD DELETE

NAME VAUGHN, STUART
 STREET ADDRESS 4600 HWY, A1A, S. VDP-91-
 CITY-ST-ZIP ST. AUGUSTINE FL

TITLE VD DELETE

NAME JOHNSTON, GEORGE
 STREET ADDRESS 4600 HWY A1A S., VDP 10-1
 CITY-ST-ZIP ST. AUGUSTINE FL

TITLE D DELETE

NAME JOHNSON, CHARLES
 STREET ADDRESS 3297 TURTLE CRK RD
 CITY-ST-ZIP ST AUGUSTINE FL

TITLE SD DELETE

NAME MCCORMACK, JOHN
 STREET ADDRESS 4600 A1A SOUTH VPD 3-4
 CITY-ST-ZIP ST AUGUSTINE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME CARR, PHILIP
 1.3 STREET ADDRESS 4600 HWY A1A S, VDP 8-1
 1.4 CITY-ST-ZIP ST. AUGUSTINE, FL 32084

2.1 TITLE TD Change Addition

2.2 NAME HACK, AL
 2.3 STREET ADDRESS 4600 HWY A1A S, VDP 8-7
 2.4 CITY-ST-ZIP ST. AUGUSTINE, FL 32084

3.1 TITLE D Change Addition

3.2 NAME MACDONALD, JOE
 3.3 STREET ADDRESS 4600 HWY A1A, S VDP 3-1
 3.4 CITY-ST-ZIP ST. AUGUSTINE, FL 32084

4.1 TITLE Change Addition

4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE SD Change Addition

5.2 NAME JOHNSON, CHARLES
 5.3 STREET ADDRESS 3297 TURTLE CREEK RD
 5.4 CITY-ST-ZIP ST. AUGUSTINE, FL 32084

6.1 TITLE PD Change Addition

6.2 NAME MCCORMACK, JOHN
 6.3 STREET ADDRESS 4600 HWY A1A S, VDP 3-4
 6.4 CITY-ST-ZIP ST. AUGUSTINE, FL 32084

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 617, 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 REQUIRED

4/21/99 (904) 471-8438

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1198)