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**FILED**  
**May 19, 1999 8:00 am**  
**Secretary of State**

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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.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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 ☐ DELETE

NAME **PD**  
**CARR, PHILIP**  
 STREET ADDRESS **4600 HWY A1A, S. VDP 8-1**  
 CITY-ST-ZIP **ST AUGUSTINE FL**

TITLE ☐ DELETE

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

TITLE ☒ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME **SD**  
**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 **D**  
**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 ☒ Change ☐ Addition

2.2 NAME **TD**  
**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 ☐ Change ☒ Addition

3.2 NAME **D**  
**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 ☒ Change ☐ Addition

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

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME **PD**  
**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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/99 (904) 471-8438

CR2E037 (1198)