

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90155 011 ****61.25

DOCUMENT # N05866

1. Entity Name

**THE OCEAN GALLERY VILLAGE DEL PRADO
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**4600 A1A SOUTH
SAINT AUGUSTINE FL 32080**

Mailing Address

**4600 A1A SOUTH
SAINT AUGUSTINE FL 32080**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2537806

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **CARR, PHILIP**
STREET ADDRESS **VILLAGE DEL PRADO CIRCLE**
CITY-ST-ZIP **ST AUGUSTINE FL 32080**

TITLE **D** ☐ Delete
NAME **HACK, AL**
STREET ADDRESS **87 VILLAGE DEL PRADO CIRCLE**
CITY-ST-ZIP **ST AUGUSTINE FL 32080**

TITLE **PD** ☐ Delete
NAME **STELBRINK, DAVID**
STREET ADDRESS **7917 MCLAURIN RD N**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **VD** ☐ Delete
NAME **JOHNSON, CHARLES**
STREET ADDRESS **3297 TURTLE CRK RD**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32084**

TITLE **SD** ☐ Delete
NAME **MCCORMACK, JOHN**
STREET ADDRESS **34 VILLAGE DEL PRADO CIRCLE**
CITY-ST-ZIP **ST AUGUSTINE FL 32080**

TITLE **D** ☒ Delete
NAME **JOHNSTON, JANE**
STREET ADDRESS **101 VILLAGE DEL PRADO CIRCLE**
CITY-ST-ZIP **ST. AUGUSTINE FL 32080**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 R. Carr

4/26/06 9041471-6655