

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 18, 2007  
Secretary of State**

DOCUMENT# N06000012418

Entity Name: OCEAN GATE I CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

120 OCEAN HIBISCUS DRIVE  
ST AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

10 ARROWHEAD TRAIL  
SPARTA, NJ 07871

**New Mailing Address:**

FEI Number: 77-0675909      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SCRUGGS & CARMICHAEL, P.A.  
METROCORP CENTER  
4041 NW 37TH PLACE, SUITE B  
GAINESVILLE, FL 32606 US

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:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LOHR, MICHAEL  
Address: 10 ARROWHEAD TRAIL  
City-St-Zip: SPARTA, NJ 07871

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD ( ) Delete  
Name: LAWSON, SHARON  
Address: 1945 FOREST HILLS DR  
City-St-Zip: FAYETVILLE, NC 28303

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD ( ) Delete  
Name: LOHR, SANDRA  
Address: 10 ARROWHEAD TRAIL  
City-St-Zip: SPARTA, NJ 07871

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MICHAEL LOHR

PD

07/18/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date