

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90042 049 \*\*\*\*61.25

**DOCUMENT # N39531**

1. Entity Name

OCEAN OAKS HOMEOWNERS ASSOCIATION OF ST.  
AUGUSTINE BEACH, INC.



Principal Place of Business

714 MICKLER BLVD  
ST. AUGUSTINE FL 32080  
US

Mailing Address

714 MICKLER BLVD  
ST. AUGUSTINE FL 32080  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-2811335

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

GORICK, ROBERT  
714 MICKLER BLVD  
ST. AUGUSTINE FL 32080

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, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: VPD  
NAME: HALTOF, FRED ☒ Delete  
STREET ADDRESS: 26 SURFCREST ST  
CITY-ST-ZIP: ST. AUGUSTINE FL 32080

TITLE: VPD ☐ Change ☒ Addition  
NAME: MARK weish  
STREET ADDRESS: 5 SURFCREST DRIVE  
CITY-ST-ZIP: ST. Augustine, FL 32080

TITLE: P  
NAME: HALE, MICHAEL ☒ Delete  
STREET ADDRESS: 413 OCEAN DR  
CITY-ST-ZIP: ST. AUGUSTINE FL 32080

TITLE: President ☐ Change ☒ Addition  
NAME: Fred SchmalKuche  
STREET ADDRESS: 19 Sunfish Drive  
CITY-ST-ZIP: ST. Augustine, FL 32080

TITLE: TD  
NAME: GORICK, ROBERT R ☐ Delete  
STREET ADDRESS: 714 MICKLER BLVD  
CITY-ST-ZIP: ST. AUGUSTINE FL 32080

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

TITLE: SD  
NAME: GALANTOWICZ, RICHARD ☐ Delete  
STREET ADDRESS: 49 OCEAN COURT  
CITY-ST-ZIP: ST. AUGUSTINE FL 32080

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

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

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

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

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 exemption stated in Section 119.07(3)(i), 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:** *Robert R. Gorick* Robert R. Gorick

3/10/04 904-797-1400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #