

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05866

Entity Name: THE OCEAN GALLERY VILLAGE DEL PRADO CONDOMINIUM ASSOCIATION, INC.**FILED**
Jan 22, 2016
Secretary of State
CC2094231074**Current Principal Place of Business:**4600 A1A SOUTH
SAINT AUGUSTINE, FL 32080**Current Mailing Address:**4600 A1A SOUTH
SAINT AUGUSTINE, FL 32080**FEI Number: 59-2537806****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**JACKSON LAW GROUP, LL.M., P.A.
1301 PLANTATION ISLAND DRIVE, SUITE 304
ST AUGUSTINE, FL 32080 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**Officer/Director Detail :**Title DIRECTOR
Name STAMATELOS, ALEX
Address 78 VILLAGE DEL PRADO CIRCLE
City-State-Zip: ST AUGUSTINE FL 32080Title VP
Name JOHNSON, CHARLES
Address 3297 TURTLE CRK RD
City-State-Zip: SAINT AUGUSTINE FL 32084Title DIRECTOR
Name BAILEY, ANA
Address 43 VILLAGE DEL PRADO CIRCLE
City-State-Zip: ST AUGUSTINE FL 32080Title DIRECTOR
Name CARGILO, JAMES
Address 72 VILLAGE DEL PRADO CIRCLE
City-State-Zip: ST AUGUSTINE FL 32080Title PD
Name STELBINK, DAVID
Address 7917 MCLAURIN RD N
City-State-Zip: JACKSONVILLE FL 32256Title SECRETARY
Name MCGEE, CAROL
Address 93 VILLAGE DEL PRADO CIRCLE
City-State-Zip: SAINT AUGUSTINE FL 32080Title DIRECTOR
Name KLINE, RENE
Address 42 VILLAGE DEL PRADO CIRCLE
City-State-Zip: ST AUGUSTINE FL 32080

I hereby 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 all other like empowered.

SIGNATURE: DAVID STELBINK**PRESIDENT****01/22/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date