

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05866

Entity Name: THE OCEAN GALLERY VILLAGE DEL PRADO CONDOMINIUM ASSOCIATION, INC.**FILED**
Feb 15, 2019
Secretary of State
3107287174CC**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:**MCCABE & RONSMAN
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: EDWARD RONSMAN****02/15/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	STELBRINK, DAVID
Address	7917 MCLAURIN RD N
City-State-Zip:	JACKSONVILLE FL 32256

Title	DIRECTOR
Name	STOWE, STEPHEN
Address	8805 COUNTY ROUTE 7
City-State-Zip:	AVOCA FL 14809

Title	TREASURER
Name	WOODWARD, ROBERT
Address	83 VILLAGE DEL PRADO CIRCLE
City-State-Zip:	ST AUGUSTINE FL 32080

Title	SECRETARY
Name	MCGEE, CAROL
Address	93 VILLAGE DEL PRADO CIRCLE
City-State-Zip:	SAINT AUGUSTINE FL 32080

Title	VP
Name	CARGILO, JAMES
Address	72 VILLAGE DEL PRADO CIRCLE
City-State-Zip:	ST AUGUSTINE FL 32080

Title	DIRECTOR
Name	KOREY, GERALD
Address	94 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 STELBRINK**PRESIDENT****02/15/2019**

Electronic Signature of Signing Officer/Director Detail

Date