

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012418

Entity Name: OCEAN GATE I CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**120 OCEAN HIBISCUS DR.
ST AUGUSTINE, FL 32080**Current Mailing Address:**C/O COASTAL REALTY
3942 A1A SOUTH
ST. AUGUSTINE, FL 32080 US**FEI Number:** 77-0675909**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COASTAL REALTY & PROPERTY MANAGEMENT
C/O COASTAL REALTY
3942 A1A SOUTH
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:** JUDY ALLIGOOD

01/22/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP, DIRECTOR
Name LEO, CELIA
Address C/O COASTAL REALTY
3942 A1A SOUTH
City-State-Zip: ST. AUGUSTINE FL 32080

Title DIRECTOR, PRESIDENT
Name BRUNO, MARIE
Address C/O COASTAL REALTY
3942 A1A SOUTH
City-State-Zip: ST. AUGUSTINE FL 32080

Title TREASURER, SECRETARY,
DIRECTOR
Name READ, MISTY
Address C/O COASTAL REALTY
3942 A1A SOUTH
City-State-Zip: ST. AUGUSTINE FL 32080

Title MANAGER
Name SELIGE, KAREN
Address C/O COASTAL REALTY
3942 A1A SOUTH
City-State-Zip: ST. AUGUSTINE FL 32080

Title MANAGER
Name LAVALLEE-MAGGS, ANDREA
Address C/O COASTAL REALTY
3942 A1A SOUTH
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: ANDREA LAVALLEE-MAGGS

MANAGER

01/22/2019

Electronic Signature of Signing Officer/Director Detail

Date