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DOCUMENT # **764529** (4)

THE OCEAN GALLERY VISTAS CONDOMINIUM ASSOCIATION, INC.

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| 1. Name of Corporation | | 2a. Mailing Address | | 3. Date incorporated in Florida | | 3a. Date of Last Report | |
| 4600 A1A SOUTH ST. AUGUSTINE FL 32084 | | 4600 A1A SOUTH ST. AUGUSTINE FL 32084 | | 08/11/1982 | | 05/01/1994 | |
| 2. Principal Office Address | | 2a. Mailing Address | | 4. FEIN Number | | Applied For | |
| 4600 A1A SOUTH ST. AUGUSTINE FL 32084 | | 4600 A1A SOUTH ST. AUGUSTINE FL 32084 | | 59-2250739 | | Not Applicable | |
| 21. State App # of | | 26. State App # of | | 5. Certificate of Status Required | | \$8.75 Additional Fee Required | |
| 22. City & State | | 27. City & State | | 6. Fee for preparation of certificate of status required | | \$5.00 May Be Added to Fees | |
| 23. City & State | | 28. City & State | | 7. Nonprofit status required | | \$68.75 Supplemental Fee Not Required | |
| 24. City & State | | 29. City & State | | 30. This corporation is eligible for intangible tax under § 199(1)(7), Florida Statutes. | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| JONES, KATHERINE G. 780 N. PONCE DE LEON BLVD. ST. AUGUSTINE FL 32085 | | | | 81. Name | | | |
| | | | | 82. Street Address - (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83. City | | | |
| | | | | 84. State | | | |
| | | | | FL 85. Zip Code | | | |

14. Pursuant to the provisions of Sections 607 (Registered Agent) and 608 (Florida Statutes), the above named corporation solemnly certifies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, that the change was authorized by this corporation's board of directors, thereby accepting the appointment as registered agent. I am a member of the board and accept the responsibility for intangible tax under Florida Statutes.

SIGNATURE _____

| | | | |
|----------------------------|---|---|---|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONAL REGISTERED AGENTS (P.O. Box Not Allowed) | |
| NAME | PD PALMISANO, PAT P. 7920 FRONTIER AVE. FORT WAYNE IN | NAME | |
| ADDRESS | D BROX, FREDERICK 4600 HWY. A1A, S. AV112 ST. AUGUSTINE FL | ADDRESS | William Forster 4600 Hwy A1A, South, PV 314 St. Augustine, FL 32084 |
| NAME | D COYNE, JACK 4600 HWY A1A S., CV 205 ST AUGUSTINE FL | NAME | |
| NAME | TD PEIK, DONALD 4600 HWY A1A, S., PV 208 ST. AUGUSTINE FL | NAME | |
| NAME | SD ALGER, CLARK H. 1537 WITHEMERE WAY DUNWOODY GA | NAME | |

14. I hereby certify that the information reported with this filing is true and correct, based on the best knowledge and belief, and qualify for the corporation stated for tax under Florida Statutes. I further certify that the information reported with this filing is true and correct, based on the best knowledge and belief, and qualify for the corporation stated for tax under Florida Statutes. I further certify that the information reported with this filing is true and correct, based on the best knowledge and belief, and qualify for the corporation stated for tax under Florida Statutes. I further certify that the information reported with this filing is true and correct, based on the best knowledge and belief, and qualify for the corporation stated for tax under Florida Statutes.

SIGNATURE: *Pat Palmisano* PAT P. PALMISANO 4/20/95 169/4 71 6655