

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **764529** (4)
1. Corporation Name
THE OCEAN GALLERY VISTAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **4800 A1A SOUTH ST. AUGUSTINE FL 32084**
Mailing Address: **4800 A1A SOUTH ST. AUGUSTINE FL 32084**

3. Date Incorporated or Qualified: **08/11/1982**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2250739**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**JONES, KATHERINE G.
780 N. PONCE DE LEON BLVD.
ST. AUGUSTINE FL 32085**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-staffing) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PALMISANO, PAT P.	
STREET ADDRESS	7920 FRONTIER AVE.	
CITY-ST-ZIP	FORT WAYNE IN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FORSTER, WILLIAM	
STREET ADDRESS	4600 HWY, A1A, S, AV112	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COYNE, JACK	
STREET ADDRESS	4600 HWY A1A S., CV 205	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	PEIK, DONALD	
STREET ADDRESS	4600 HWY A1A, S., PV 206	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ALGER, CLARK H.	
STREET ADDRESS	1537 WITHEMERE WAY	
CITY-ST-ZIP	DUNWOODY GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Susi Pittman	
4.3 STREET ADDRESS	4600 A1A, S., PAC 106	
4.4 CITY-ST-ZIP	St. Augustine FL 32084	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Lloyd Lipsett	
6.3 STREET ADDRESS	1093 A1A Beach Blvd. #256	
6.4 CITY-ST-ZIP	St. Augustine FL 32084	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William Forster* William Forster 4-27-96 904-471-6655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)