


FILE NOW: FILING FEE IS \$61.25

FILED

**May 18 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 764529 (4)
1. Corporation Name
THE OCEAN GALLERY VISTAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 4600 A1A SOUTH ST. AUGUSTINE FL 32084	Mailing Address 4600 A1A SOUTH ST. AUGUSTINE FL 32084
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3. Date Incorporated or Qualified 08/11/1982	
4. FEI Number 59-2250739	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Zip	25 Country
29 Zip	30 Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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: John R. Geiger
82 Street Address (P.O. Box Number is Not Acceptable): 4475 US 1 South #406
84 City: St. Augustine, FL **85 Zip Code: 32086**

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: John R. Geiger **DATE: April 29, 1998**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LIPSETT, LLOYD		1.2 NAME Lipsett, Lloyd	
STREET ADDRESS 1093 A1A BEACH BLVD., #256		1.3 STREET ADDRESS 1093 A1A Beach Blvd. #256 PR308	
CITY-ST-ZIP ST. AUGUSTINE FL		1.4 CITY-ST-ZIP St. Augustine, FL	
TITLE PD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FORSTER, WILLIAM		2.2 NAME	
STREET ADDRESS 4600 HWY, A1A, S, AV112		2.3 STREET ADDRESS	
CITY-ST-ZIP ST. AUGUSTINE FL		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME COYNE, JACK		3.2 NAME Carol Noegel	
STREET ADDRESS 4600 HWY A1A S, CV 205		3.3 STREET ADDRESS 4600 A1A South, PAC 310	
CITY-ST-ZIP ST AUGUSTINE FL		3.4 CITY-ST-ZIP St. Augustine, FL 32084	
TITLE SD	<input type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PITTMAN, SUSI		4.2 NAME Jesse Benton	
STREET ADDRESS 4600 A1A SOUTH, PAC 108		4.3 STREET ADDRESS 4600 A1A South, AV 206	
CITY-ST-ZIP ST AUGUSTINE FL		4.4 CITY-ST-ZIP St. Augustine, FL 32084	
TITLE TD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME INGLE, THOMAS		5.2 NAME	
STREET ADDRESS 4600 A1A SOUTH PAC108		5.3 STREET ADDRESS	
CITY-ST-ZIP ST AUGUSTINE FL		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STASIEWSKI, ANNE		6.2 NAME	
STREET ADDRESS 4600 A1A SOUTH CV 115		6.3 STREET ADDRESS	
CITY-ST-ZIP ST AUGUSTINE FL		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 in an attachment with an address.
SIGNATURE: Lloyd Lipsett **DATE: 4/29/98** **DAYTIME PHONE: 471-6650**

CR2E037 (10/97)