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**FILED**  
**May 19, 1999 8:00 am**  
**Secretary of State**

05-19-1999 90001 008 \*\*\*306.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 764529**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date incorporated or Qualified

08/11/1982

4. FEI Number

59-2250739

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
 Added to Fees

9. Name and Address of Current Registered Agent

**GEIGER, JOHN R**  
**4475 US 1 SOUTH**  
**406**  
**ST. AUGUSTINE FL 32086**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
 NAME **VD**  
 STREET ADDRESS **LIPSETT, LLOYD**  
**1093 A1A BEACH BLVD 256 PR 308**  
 CITY-ST-ZIP **ST. AUGUSTINE FL**

TITLE ☒ DELETE  
 NAME **PD**  
 STREET ADDRESS **FORSTER, WILLIAM**  
**4600 HWY, A1A, S, AV112**  
 CITY-ST-ZIP **ST. AUGUSTINE FL**

TITLE ☐ DELETE  
 NAME **SD**  
 STREET ADDRESS **NOEGEL, CAROL**  
**4600 A1A S PAC 310**  
 CITY-ST-ZIP **ST AUGUSTINE FL 32084**

TITLE ☐ DELETE  
 NAME **D**  
 STREET ADDRESS **BENTON, JESSE**  
**4600 A1A S AV206**  
 CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

TITLE ☐ DELETE  
 NAME **TD**  
 STREET ADDRESS **INGLE, THOMAS**  
**4600 A1A SOUTH PAC108**  
 CITY-ST-ZIP **ST AUGUSTINE FL**

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
 1.2 NAME **PD**  
 1.3 STREET ADDRESS **LIPSETT, LLOYD**  
**1093 A1A BEACH BLVD #256**  
 1.4 CITY-ST-ZIP **ST. AUGUSTINE, FL 32084**

2.1 TITLE ☐ Change ☒ Addition  
 2.2 NAME **D**  
 2.3 STREET ADDRESS **HERBER, HAL**  
**4600 HWY A1A S, AV311**  
 2.4 CITY-ST-ZIP **ST. AUGUSTINE, FL 32084**

3.1 TITLE ☒ Change ☐ Addition  
 3.2 NAME **TD**  
 3.3 STREET ADDRESS **NOEGEL, CAROL**  
**4600 HWY A1A S, PAC 310**  
 3.4 CITY-ST-ZIP **ST. AUGUSTINE, FL 32084**

4.1 TITLE ☒ Change ☐ Addition  
 4.2 NAME **VD**  
 4.3 STREET ADDRESS **BENTON, JESSE**  
**4600 HWY A1A S, AV 206**  
 4.4 CITY-ST-ZIP **ST. AUGUSTINE, FL 32084**

5.1 TITLE ☒ Change ☐ Addition  
 5.2 NAME **SD**  
 5.3 STREET ADDRESS **INGLE, THOMAS**  
**4600 HWY A1A S, PAC 108**  
 5.4 CITY-ST-ZIP **ST. AUGUSTINE, FL 32084**

6.1 TITLE ☐ Change ☐ Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/99 (904) 471-5673

CR2E037 (11/98)

0001412