


FILE NOW: FILING FEE IS \$61.25

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

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

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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2. Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified 08/11/1982
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2250739
22 City & State	27 City & State	Applied For Not Applicable
23 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Country	29 Country	30 Country
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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
	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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD LIPSETT, LLOYD	1.1 TITLE	PD LIPSETT, LLOYD
NAME	1093 A1A BEACH BLVD 256 PR 308	1.2 NAME	1093 A1A BEACH BLVD #256
STREET ADDRESS	ST. AUGUSTINE FL	1.3 STREET ADDRESS	ST. AUGUSTINE, FL 32084
CITY-ST-ZIP	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD FORSTER, WILLIAM	2.1 TITLE	D HERBER, HAL
NAME	4600 HWY, A1A, S, AV112	2.2 NAME	4600 HWY A1A S, AV311
STREET ADDRESS	ST. AUGUSTINE FL	2.3 STREET ADDRESS	ST. AUGUSTINE, FL 32084
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	SD NOEGEL, CAROL	3.1 TITLE	TD NOEGEL, CAROL
NAME	4600 A1A S PAC 310	3.2 NAME	4600 HWY A1A S, PAC 310
STREET ADDRESS	ST AUGUSTINE FL 32084	3.3 STREET ADDRESS	ST. AUGUSTINE, FL 32084
CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D BENTON, JESSE	4.1 TITLE	VD BENTON, JESSE
NAME	4600 A1A S AV206	4.2 NAME	4600 HWY A1A S, AV 206
STREET ADDRESS	ST. AUGUSTINE FL 32084	4.3 STREET ADDRESS	ST. AUGUSTINE, FL 32084
CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD INGLE, THOMAS	5.1 TITLE	SD INGLE, THOMAS
NAME	4600 A1A SOUTH PAC108	5.2 NAME	4600 HWY A1A S, PAC 108
STREET ADDRESS	ST AUGUSTINE FL	5.3 STREET ADDRESS	ST. AUGUSTINE, FL 32084
CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: 4/21/99 Daytime Phone #: (904) 471-5673

CR2E037 (11/98)