

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764529

1. Entity Name  
**THE OCEAN GALLERY VISTAS CONDOMINIUM ASSOCIATION**

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90465 001 \*\*\*306.25

Principal Place of Business      Mailing Address  
**4600 A1A SOUTH**      **4600 A1A SOUTH**  
**ST. AUGUSTINE FL 32084**      **ST. AUGUSTINE FL 32084-9478**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-2250739</b>	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>GEIGER, JOHN R</b> <b>4475 US 1 SOUTH</b> <b>406</b> <b>ST. AUGUSTINE FL 32086</b>		-Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>LIPSETT, LLOYD</b> <b>1093 A1A BCH BLVD #256</b> <b>SAINT AUGUSTINE FL 32084</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <del>HERBER, HAL</del> <b>4600 A1A S, AV 311</b> <b>ST. AUGUSTINE, FL 32084</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HERBER, HAL</b> <b>4600 HWY A1A S AV311</b> <b>SAINT AUGUSTINE FL 32084</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>NOEGEL, CAROL</b> <b>4600 A1A S PAC 310</b> <b>ST AUGUSTINE FL 32084</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>BENTON, JESSE</b> <b>4600 A1A S AV206</b> <b>ST. AUGUSTINE FL 32084</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>GIORDANO, RAY</b> <b>4600 A1A S, PAC 208</b> <b>ST. AUGUSTINE, FL 32084</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>INGLE, THOMAS</b> <b>4600 A1A SOUTH PAC108</b> <b>SAINT AUGUSTINE FL 32084</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HARBURT, BOYD</b> <b>4600 A1A S, AV 310</b> <b>ST. AUGUSTINE, FL 32084</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*      DATE \_\_\_\_\_      Daytime Phone # \_\_\_\_\_

CR2E037 (9/99)