

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764529

1. Entity Name

THE OCEAN GALLERY VISTAS CONDOMINIUM ASSOCIATION

Principal Place of Business

Mailing Address

4600 A1A SOUTH
ST. AUGUSTINE FL 32084

4600 A1A SOUTH
ST. AUGUSTINE FL 32084

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2250739

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME HERBER, HAL
STREET ADDRESS 4600 A1A S AVE 311
CITY-ST-ZIP SAINT AUGUSTINE FL 32084 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME 311 AEGEAN VISTA way
STREET ADDRESS ST. AUGUSTINE, FL 32080
CITY-ST-ZIP

TITLE D
NAME HERBER, HAL
STREET ADDRESS 4600 HWY A1A S AV311
CITY-ST-ZIP SAINT AUGUSTINE FL 32084 ☒ Delete

TITLE ☐ Change ☐ Addition
NAME Duplicate
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME 310 Pacifica VISTA way
STREET ADDRESS ST. AUGUSTINE, FL 32080
CITY-ST-ZIP

TITLE VD
NAME GIORDANO, RAY
STREET ADDRESS 4600 A1A S PAC 208
CITY-ST-ZIP SAINT AUGUSTINE FL 32084 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME 208 Pacifica VISTA way
STREET ADDRESS ST. AUGUSTINE, FL 32080
CITY-ST-ZIP

TITLE SD
NAME INGLE, THOMAS
STREET ADDRESS 4600 A1A SOUTH PAC108
CITY-ST-ZIP SAINT AUGUSTINE FL 32084 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME 838 Summer Bay Dr.
STREET ADDRESS ST. AUGUSTINE, FL 32080
CITY-ST-ZIP

TITLE D
NAME HARBOUR, BOYD
STREET ADDRESS 4600 A1A S AVE 310
CITY-ST-ZIP SAINT AUGUSTINE FL 32084 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME 310 AEGEAN VISTA way
STREET ADDRESS ST. AUGUSTINE, FL 32080
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.023(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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

8/23/01

904-471-7024