

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 31, 2001 8:00 am**  
**Secretary of State**

08-31-2001 90002 050 \*\*\*\*75.00

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD HERBER, HAL 4600 AIA S AVE 311 SAINT AUGUSTINE FL 32084	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERBER, HAL <del>4600 HWY A1A S AV311</del> <del>SAINT AUGUSTINE FL 32084</del>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NOEGEL, CAROL 4600 A1A S PAC 310 ST AUGUSTINE FL 32084	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GIORDANO, RAY 4600 AIA S PAC 208 SAINT AUGUSTINE FL 32084	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD INGLE, THOMAS 4600 A1A SOUTH PAC108 SAINT AUGUSTINE FL 32084	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARBOUT, BOYD 4600 AIA S AVE 310 SAINT AUGUSTINE FL 32084	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
311 AEGEAN VISTA WAY ST. AUGUSTINE, FL 32080	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Duplicate	<input type="checkbox"/> Change <input type="checkbox"/> Addition
310 Pacifica VISTA way ST. AUGUSTINE, FL 32080	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
208 Pacifica VISTA way ST. AUGUSTINE, FL 32080	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
838 Summer Bay Dr. ST. AUGUSTINE, FL 32080	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
310 AEGEAN VISTA way ST. AUGUSTINE, FL 32080	<input checked="" type="checkbox"/> Change <input 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 an other like empowered.

SIGNATURE: \_\_\_\_\_

**SIGNATURE REQUIRED**

8123/01

904-471-7024

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CP2E037 (5/01)