

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jun 19, 2002 8:00 am
Secretary of State

06-19-2002 90473 001 ***306.25

DOCUMENT # 764529

1. Entity Name

**THE OCEAN GALLERY VISTAS CONDOMINIUM ASSOCIATION
, INC.**

Principal Place of Business

Mailing Address

**4800 A1A SOUTH
ST. AUGUSTINE FL 32084****4800 A1A SOUTH
ST. AUGUSTINE FL 32084****94081**

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 reissuing)

DATE

FILE NOW: FEE IS \$61.259. 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 311 AEGEAN VISTA WAY ST AUGUSTINE FL 32080	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NOEGEL, CAROL 310 PACIFICA VISTA WAY ST AUGUSTINE FL 32080	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GIORDANO, RAY 208 PACIFICA VISTA WAY ST AUGUSTINE FL 32080	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD INGLE, THOMAS 838 SUMMER BAY DRIVE ST AUGUSTINE FL 32080	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARBOURT, BOYD 310 AEGEAN VISTA WAY ST AUGUSTINE FL 32080	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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 all other like empowered.

SIGNATURE: *Signature Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

Resident Directory

ATTACHMENT

Vistas Condominium Assoc.

HARBOUR/W. BOYD & CAROLYN
661 HILLCREST BLVD
PHILLIPSBURG, NJ 08865

Day: 908/454-7300
Night: 908/454-8979
FAX: 908/454-9633

HERBER/HAROLD AND JOAN
311 AEGEAN VISTA WAY
ST. AUGUSTINE, FL 32080

Night: 828/884-4661
FAX: 471-8161 *51

INGLE/THOMAS
838 SUMMER BAY DR
ST. AUGUSTINE, FL 32080

Night: 904/471-9246

INGLE/THOMAS W.
838 SUMMER BAY DRIVE
ST. AUGUSTINE, FL 32080

Night: 904/471-9246

GIORDANO/RAMON AND JANET
208 PACIFICA VISTA WAY
ST. AUGUSTINE, FL 32080

Night: 904/471-2750

NOEGEL/LARRY S. & CAROL
ROUTE 1, BOX 701
STARKE, FL 32091

Contact: os=471-8388
Day: 904/964-6461
Night: 904/964-7594

94081
DOC # 764529