


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 764529 1. Entity Name* THE OCEAN GALLERY VISTAS CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 4600 A1A SOUTH SAINT AUGUSTINE FL 32080	Mailing Address 4600 A1A SOUTH SAINT AUGUSTINE FL 32080
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2. Principal Place of Business	3. Mailing Address	4. FEI Number 59-2250739
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip
		Country

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME	TD NOEGEL, CAROL	<input type="checkbox"/>
STREET ADDRESS	310 PACIFICA VISTA WAY	
CITY-ST-ZIP	ST AUGUSTINE FL 32080	
TITLE NAME	VD INGLE, THOMAS	<input type="checkbox"/>
STREET ADDRESS	838 SUMMER BAY DRIVE	
CITY-ST-ZIP	ST AUGUSTINE FL 32080	
TITLE NAME	PD HARBOURT, BOYD	<input type="checkbox"/>
STREET ADDRESS	310 AEGEAN VISTA WAY	
CITY-ST-ZIP	ST AUGUSTINE FL 32080	
TITLE NAME	D CHARLES, DENNIS	<input type="checkbox"/>
STREET ADDRESS	204 AEGEAN VISTA WAY	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32080	
TITLE NAME	D LOUCHEAD, WILLIAM	<input type="checkbox"/>
STREET ADDRESS	3288 HIDEAWAY BEACH DR.	
CITY-ST-ZIP	BRIGHTON MI 48114	
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			

00000538267
05/09/06-80050-025 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Boyd Harbourt, Pres.* 4/25/06 (904) 471-665