

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90034 024 ****61.25

| | | | | | |
|--|---------------------------|--|---|--|---|
| DOCUMENT # 764529 | | | |  | |
| 1. Entity Name THE OCEAN GALLERY VISTAS CONDOMINIUM ASSOCIATION, INC. | | | | | |
| Principal Place of Business 4600 A1A SOUTH SAINT AUGUSTINE, FL 32080 | | Mailing Address 4600 A1A SOUTH SAINT AUGUSTINE, FL 32080 | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-2250739 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Applied For | | Not Applicable | | | |
| 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 <i>Geoffrey Dawson</i> Street Address (P.O. Box Number is Not Acceptable) <i>93 Orange St</i> City <i>St Augustine</i> FL Zip Code <i>32084</i> | | |
| 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 <i>Geoffrey Dawson</i> | | | DATE <i>July 17, 2007</i> | | |
| Filing Fee is \$61.25 Due by September 14, 2007 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | NOEGEL, CAROL | | NAME | | |
| STREET ADDRESS | 310 PACIFICA VISTA WAY | | STREET ADDRESS | | |
| CITY-ST-ZIP | ST AUGUSTINE, FL 32080 | | CITY-ST-ZIP | | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | INGLE, THOMAS | | NAME | | |
| STREET ADDRESS | 838 SUMMER BAY DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | ST AUGUSTINE, FL 32080 | | CITY-ST-ZIP | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | HARBOUR, BOYD | | NAME | | |
| STREET ADDRESS | 310 AEGEAN VISTA WAY | | STREET ADDRESS | | |
| CITY-ST-ZIP | ST AUGUSTINE, FL 32080 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | CHARLES, DENNIS | | NAME | | |
| STREET ADDRESS | 204 AEGEAN VISTA WAY | | STREET ADDRESS | | |
| CITY-ST-ZIP | SAINT AUGUSTINE, FL 32080 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | LOUCHEAD, WILLIAM | | NAME | | |
| STREET ADDRESS | 3288 HIDEAWAY BEACH DR. | | STREET ADDRESS | | |
| CITY-ST-ZIP | BRIGHTON, MI 48114 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Boyd Harbour, Free</i> | | | Date | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Daytime Phone # | | |

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