

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764529

FILED
Apr 30, 2008
Secretary of State

Entity Name: THE OCEAN GALLERY VISTAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4600 A1A SOUTH
SAINT AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

4600 A1A SOUTH
SAINT AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 59-2250739 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOBSON, GEOFFERY
930 RANGE ST
SAINT AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

DOBSON, GEOFFERY
930 ORANGE ST
SAINT AUGUSTINE, FL 32084 US

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: _____ 04/30/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: NOEGEL, CAROL
Address: 310 PACIFICA VISTA WAY
City-St-Zip: ST AUGUSTINE, FL 32080

Title: VD () Delete
Name: INGLE, THOMAS
Address: 838 SUMMER BAY DRIVE
City-St-Zip: ST AUGUSTINE, FL 32080

Title: PD () Delete
Name: HARBOURT, BOYD
Address: 310 AEGEAN VISTA WAY
City-St-Zip: ST AUGUSTINE, FL 32080

Title: D () Delete
Name: CHARLES, DENNIS
Address: 204 AEGEAN VISTA WAY
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D () Delete
Name: LOUCHEAD, WILLIAM
Address: 3288 HIDEAWAY BEACH DR.
City-St-Zip: BRIGHTON, MI 48114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: NOEGEL, CAROL
Address: 310 PACIFICA VISTA WAY
City-St-Zip: ST AUGUSTINE, FL 32080

Title: D (X) Change () Addition
Name: BELZ, RAYMOND
Address: 5401 LEE AVENUE
City-St-Zip: DOWNERS GROVE, IL 60515

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: LOUGHEAD, WILLIAM
Address: 3288 HIDEAWAY BEACH DR.
City-St-Zip: BRIGHTON, MI 48114

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOYD HARBOURT PD 04/30/2008
Electronic Signature of Signing Officer or Director Date