

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764529

FILED  
Apr 28, 2009  
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:**

JACKSON, JOHN A ESQ  
28 CORDOVA ST  
ST AUGUSTINE, FL 32080 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

P

04/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date