

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764529

FILED  
Mar 13, 2012  
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 LAW GROUP, LL.M, P.A.  
100 WHETSTOR PLACE  
STE 101  
ST AUGUSTINE, FL 32086 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  
Name: NOEGEL, CAROL  
Address: 310 PACIFICA VISTA WAY  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: VPD  
Name: BELZ, RAYMOND  
Address: 5401 LEE AVENUE  
City-St-Zip: DOWNERS GROVE, IL 60515

Title: PD  
Name: LOUGHEAD, WILLIAM  
Address: 3288 HIDEAWAY BEACH DRIVE  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: D  
Name: WILES, KATHLEEN  
Address: 65 VILLAGE DEL LAGO CIRCLEPD  
City-St-Zip: ST AUGUSTINE, FL 32080

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM LOUGHEAD

PD

03/13/2012

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

\_\_\_\_\_  
Date