

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

REGISTRATION
 APPLICATION
 1995



STATE OF FLORIDA
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED

DOCUMENT # **764539** (3)

COMM - 1 - 0112:01

THE OCEAN GALLERY VILLAGE LAS PALMAS CONDOMINIUM ASSOCIATION, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2. The Corporation's Principal Office Address		2a. Mailing Address		3. Date of Incorporation (If Applicable)		3a. Date of Last Report	
4600 A1A SOUTH ST. AUGUSTINE FL 32084		4600 A1A SOUTH ST AUGUSTINE FL 32084		08/11/1982		05/01/1994	
21. The Corporation's Telephone Number		26. Mailing Address		4. FIC Number		Applied Fee	
				59-2251265		Not Applicable	
22. Telephone Number		27. Mailing Address		5. Certificate of Status Issued		<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Certificate of Campaign Finance Report Filed (Required for Candidates)		<input type="checkbox"/> \$5.00 May Be Added to Fees	
23. Telephone Number		28. Mailing Address		7. Nonprofit with IRS Status (Tax Exempt Status)		<input type="checkbox"/> \$68.75 Supplemental Fee Not Required	
				8. This corporation has liability for activities in which it engages (Florida Statutes)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Telephone Number		25. Telephone Number		29. Telephone Number		30. Telephone Number	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JONES, KATHERINE G. 780 N. PONCE DE LEON BLVD. ST. AUGUSTINE FL 32085				B1. Name			
				B2. Street Address (P.O. Box Numbers are Not Acceptable)			
				B3. City			
				B4. State			
				B5. Zip Code			
				FL			

12. Director		13. Director	
NAME	VD REGAN, ROSE 4600 HWY, A1A, S, VLP 8L-6 ST AUGUSTINE FL	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY	PD CUNNINGHAM, HENRY 4600 HWY A1A S., VLP 3-4 ST. AUGUSTINE FL	CITY	D
STATE		STATE	
NAME	TD QUALMAN, WANDA 3-6 LAS PALMAS ST AUGUSTINE FL	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY	D	CITY	PD
STATE		STATE	Sharon Cool 4600 Hwy A1A, S., VLP 4-B St. Augustine, FL 32084
NAME	SLISZ, FRANK 6-9 PALMAS 3-9 ST-AUGUSTINE-FL	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY	SD	CITY	
STATE		STATE	
NAME	DODD, YVONNE 4600 HWY A1A, VLP 9-5 ST. AUGUSTINE FL	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY	D	CITY	
STATE		STATE	
NAME	MILLER, ARTHUR 3-7 LAS PALMAS ST AUGUSTINE FL	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and deemed qualify for the exemption stated in law from the public access Florida Statutes. I further certify that the information is true and correct and that my signature shall have the same legal effect as if made under oath. This certificate is subject to the provisions of the register of records or records preserved to comply with the report as required by Chapter 112, Florida Statutes, and that my name appears on the back of the file to be stamped on or an attachment with an address.

SIGNATURE: *Yvonne P. Dodd* 04-24-95 704/771-6655
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR