

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Moftam  
Secretary of State  
DIVISION OF CORPORATIONS

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DOCUMENT # **764539** (3)  
1. Corporation Name  
**THE OCEAN GALLERY VILLAGE LAS PALMAS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**4600 A1A SOUTH ST. AUGUSTINE FL 32084** **4600 A1A SOUTH ST. AUGUSTINE FL 32084**

3. Date Incorporated or Qualified **08/11/1982** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **59-2251265** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**JONES, KATHERINE G.  
780 N. PONCE DE LEON BLVD.  
ST. AUGUSTINE FL 32085**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	REGAN, ROSE	
STREET ADDRESS	4600 HWY, A1A, S, VLP 8L-6	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CUNNINGHAM, HENRY	
STREET ADDRESS	4600 HWY A1A S., VLP 3-4	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	QUALMAN, WANDA	
STREET ADDRESS	3-6 LAS PALMAS	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	COOL, SHARON	
STREET ADDRESS	4600 HWY A1A S, VLP 4-8	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DODD, YVONNE	
STREET ADDRESS	4600 HWY A1A, VLP 9-5	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, ARTHUR	
STREET ADDRESS	3-7 LAS PALMAS	
CITY-ST-ZIP	ST AUGUSTINE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Phillip Borman	
3.3 STREET ADDRESS	4600 A1A South, VLP 6-5	
3.4 CITY-ST-ZIP	St Augustine FL 32084	
4.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Jim Woodside	
4.3 STREET ADDRESS	4600 A1A South, VLP 1-8	
4.4 CITY-ST-ZIP	St. Augustine FL 32084	
5.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Joanne Challen	
5.3 STREET ADDRESS	4600 A1A South, VLP 4-8	
5.4 CITY-ST-ZIP	St Augustine, FL 32084	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rose Regan Rose Regan Date: 4-30-96 Daytime Phone #: 904/4716655

CR2E037 (12/95)

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The Ocean Gallery Village Las Palmas  
Condominium Association, Inc.

Nonprofit Corporation Annual Report 1996

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D  
Lynn Williams  
4600 Highway A1A, South  
VLP 4-2  
St. Augustine, FL 32084

(Addition)