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May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 4600 A1A SOUTH ST. AUGUSTINE FL 32084	Mailing Address 4600 A1A SOUTH ST. AUGUSTINE FL 32084
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 08/11/1982
4. FEI Number 59-2251265
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**JONES, KATHERINE G.
780 M. PONCE DE LEON BLVD.
ST. AUGUSTINE FL 32086**

10. Name and Address of New Registered Agent

81 Name John R. Geiger
82 Street Address (P.O. Box Number is Not Acceptable) 4475 US 1 South, #406
83
84 City St. Augustine, FL
85 Zip Code 32086

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 John R. Geiger DATE April 29, 1998

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" 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 type="checkbox"/> DELETE
NAME	BORNOR, PHILLIP	
STREET ADDRESS	4600 A1A SOUTH, VLP 6-5	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WOODSIDE, JIM	
STREET ADDRESS	4600 A1A SOUTH, VLP 1-8	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, LYNN	
STREET ADDRESS	4600 A1A SOUTH VLP 4-2	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VD
2.3 STREET ADDRESS	Cunningham, Henry(Hank)
2.4 CITY-ST-ZIP	4600 HWY. A1A S. VLP #-4
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PTD
3.3 STREET ADDRESS	Borner, Philip
3.4 CITY-ST-ZIP	4600 HWY. A1A S., VLP 6-5
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	Mario Florida
4.4 CITY-ST-ZIP	4600 A1A South, VLP 3-8
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	St. Augustine, FL 32084
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Lynn Williams DATE 4/28/98 471-6655

CR2E037 (10/97)