

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 29, 2001 8:00 am**  
**Secretary of State**

08-29-2001 90016 010 \*\*\*\*75.00

**DOCUMENT # 764539**

1. Entity Name

**THE OCEAN GALLERY VILLAGE LAS PALMAS CONDOMINIUM**

Principal Place of Business

4600 A1A SOUTH  
 ST. AUGUSTINE FL 32084

Mailing Address

4600 A1A SOUTH  
 ST. AUGUSTINE FL 32084

**UV062142**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-2251265**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GEIGER, JOHN R**  
**4475 US 1 SOUTH**  
**406**  
**ST. AUGUSTINE FL 32086**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 12, 2001, min. will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>CUNNINGHAM, HENRY H</b> <b>4600 HWY A1A S VLP 4</b> <b>ST. AUGUSTINE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD</b> <b>BORNER, PHILIP</b> <b>4600 A1A SOUTH, VLP 6-5</b> <b>ST. AUGUSTINE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FLORIDA, MARIO</b> <b>4600 A1A S VLP 3-8</b> <b>ST AUGUSTINE FL 32084</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>WILLIAMS, LYNN</b> <b>4600 A1A SOUTH VLP 4-2</b> <b>ST. AUGUSTINE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MILLER, ARTHUR</b> <b>3-7 LAS PALMAS</b> <b>ST AUGUSTINE FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SOLANO, CHARLES</b> <b>4600 HWY A1A S VLP 8-4</b> <b>SAINT AUGUSTINE FL 32084</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>34 Village Las Palmas Circle</b> <b>ST. AUGUSTINE, FL 32080</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PD</b> <b>65 Village Las Palmas Circle</b> <b>ST. AUGUSTINE, FL 32080</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D</b> <b>McCarthy, Frank</b> <b>35 Village Las Palmas Circle</b> <b>ST. AUGUSTINE, FL 32080</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>STD</b> <b>42 Village Las Palmas Circle</b> <b>ST. AUGUSTINE, FL 32080</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D</b> <b>Nolan, Jimmy</b> <b>95 Village Las Palmas Circle</b> <b>ST. AUGUSTINE, FL 32080</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>84 Village Las Palmas Circle</b> <b>ST. AUGUSTINE, FL 32080</b>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lynn Williams* (LYNN WILLIAMS)

8-23-2001

CR2E037 (5/01)