

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2002 8:00 am
Secretary of State

06-19-2002 90473 001 ***306.25

DOCUMENT # 764539

1. Entity 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

94079



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2251265

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GEIGER, JOHN R
4475 US 1 SOUTH
408
ST. AUGUSTINE FL 32088

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 \$81.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	CUNNINGHAM, HENRY H	
STREET ADDRESS	34 VILLAGE LAS PALMAS CIRCLE	
CITY-ST-ZIP	ST AUGUSTINE FL 32080	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BORNER, PHILIP	
STREET ADDRESS	85 VILLAGE LAS PALMAS CIRCLE	
CITY-ST-ZIP	ST AUGUSTINE FL 32080	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCARTHY, FRANK	
STREET ADDRESS	35 VILLAGE LAS PALMAS CIRCLE	
CITY-ST-ZIP	ST AUGUSTINE FL 32080	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WILLIAMS, LYNN	
STREET ADDRESS	42 VILLAGE LAS PALMAS CIRCLE	
CITY-ST-ZIP	ST AUGUSTINE FL 32080	
TITLE	D	<input type="checkbox"/> Delete
NAME	NOLAN, JIMMY	
STREET ADDRESS	95 VILLAGE LAS PALMAS CIRCLE	
CITY-ST-ZIP	ST AUGUSTINE FL 32080	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOLANO, CHARLES	
STREET ADDRESS	84 VILLAGE LAS PALMAS CIRCLE	
CITY-ST-ZIP	ST AUGUSTINE FL 32080	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Signature **SIGNATURE REQUIRED**

4-23-02

Date

(904) 471-6655

Daytime Phone #

CR2E037 (9/01)



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

*Attachment
9402a*

copy

May 8, 2002

THE OCEAN GALLERY VISTAS CONDOMINIUM ASSOCIATION, INC.
4600 A1A SOUTH
ST. AUGUSTINE, FL 32084

SUBJECT: THE OCEAN GALLERY VISTAS CONDOMINIUM ASSOCIATION,
INC.
Ref. Number 764529

Upon receipt of your letter and/or check(s) totaling \$306.25, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

Due to the volume of mail received in this office **both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.**

The fee to file the enclosed nonprofit annual report/uniform business report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tyrone Scott
Document Specialist

Letter Number: 402A00028899

ATTACHMENT

Resident Directory

Village Las Palmas

CUNNINGHAM/HENRY & MARGARET
34 VILLAGE LAS PALMAS CIRCLE
ST. AUGUSTINE, FL 32080

Night: 904/471-4406

94079

MCCARTHY/FRANK AND DOROTHY
35 VILLAGE LAS PALMAS CIRCLE
ST. AUGUSTINE, FL 32080

Contact: OS=471-6366
Night: 904/471-6366

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WILLIAMS/LYNN AND VIRGINI
42 VILLAGE LAS PALMAS CIRCLE
ST. AUGUSTINE, FL 32080

Night: 904/471-8234

ANDREWS/EDWARD & MARY ANN
3330 BERRY ROAD
YPSILANTI, MI 48198

Day: 734/482-3340
Night: 734/483-6009

JOHNSTON/MARCIA
BORNOR/PHILIP
65 VILLAGE LAS PALMAS CIRCLE
ST. AUGUSTINE, FL 32080

Day: 904/910-3948
Night: 904/471-7655

SOLANO/CHARLES A. & EVA
84 VILLAGE LAS PALMAS CIRCLE
ST. AUGUSTINE, FL 32080

Day: 904/542-0681
Night: 904/461-3967

NOLAN/JIMMY R. & DONNA
95 VILLAGE LAS PALMAS CIRCLE
ST. AUGUSTINE, FL 32080

Night: 904/461-0015