

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

**GEIGER, JOHN R
4475 US 1 SOUTH
408
ST. AUGUSTINE FL 32086**

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 \$81.259. 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** ☐ Delete
NAME **CUNNINGHAM, HENRY H**
STREET ADDRESS **34 VILLAGE LAS PALMAS CIRCLE**
CITY-ST-ZIP **ST AUGUSTINE FL 32080**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **PD** ☐ Delete
NAME **BORNER, PHILIP**
STREET ADDRESS **65 VILLAGE LAS PALMAS CIRCLE**
CITY-ST-ZIP **ST AUGUSTINE FL 32080**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **MCCARTHY, FRANK**
STREET ADDRESS **35 VILLAGE LAS PALMAS CIRCLE**
CITY-ST-ZIP **ST AUGUSTINE FL 32080**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **STD** ☐ Delete
NAME **WILLIAMS, LYNN**
STREET ADDRESS **42 VILLAGE LAS PALMAS CIRCLE**
CITY-ST-ZIP **ST AUGUSTINE FL 32080**TITLE **SD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **NOLAN, JIMMY**
STREET ADDRESS **95 VILLAGE LAS PALMAS CIRCLE**
CITY-ST-ZIP **ST AUGUSTINE FL 32080**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **SOLANO, CHARLES**
STREET ADDRESS **84 VILLAGE LAS PALMAS CIRCLE**
CITY-ST-ZIP **ST AUGUSTINE FL 32080**TITLE ☐ Change ☐ 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: *Charles Solano***SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-02
Date**(904) 471-6655**
Daytime Phone #

CR2E037 (9/01)



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

Attachment
94029

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

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

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

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

94079

DOC # 764539