2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764539

1. Entity Name

THE OCEAN GALLERY VILLAGE LAS PALMAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address 94079 4600 A1A SOUTH 4600 A1A SOUTH ST. AUGUSTINE FL 32084 ST. AUGUSTINE FL 32084 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2251265 Not Applicable Ζp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GEIGER, JOHN R 4475 US 1 SOUTH 408 City Zip Code ST. AUGUSTINE FL 32086 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61,25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. (9/01)TITLE ☐ Delete TITLE Addition NAME CUNNINGHAM, HENRY H NAME **CR2E037** STREET ADDRESS STREET ADDRESS 34 VILLAGE LAS PALMAS CIRCLE CITY-ST-ZIP CITY-ST-ZP ST AUGUSTINE FL 32080 TITLE PD Delete ☐ Change ☐ Addition TITLE NAME Borner, Philip NAME STREET ADDRESS STREET ADDRESS 65 VILLAGE LAS PALMAS CIRCLE CITY-ST-ZIP CITY-ST-21P ST AUGUSTINE FL 32080 Change ■ Addition TITLE ☐ Delete DILE NAME MCCARTHY, FRANK NAME STREET ADDRESS STREET ADDRESS 35 VILLAGE LAS PALMAS CIRCLE CITY-ST-7IP CITY-ST-ZIP ST AUGUSTINE FL 32080 50 Change ☐ Addition TITI F TITLE ☐ Delete NAME NAME WILLIAMS, LYNN STREET ADDRESS STREET ADDRESS 42 VILLAGE LAS PALMAS CIRCLE CITY-ST-ZIP CITY-ST-ZIP ST AUGUSTINE FL 32080 TITLE Delete Change ☐ Addition TITLE NAME NOLAN, JIMMY NAME STREET ADDRESS STREET ADDRESS 95 VILLAGE LAS PALMAS CIRCLE CITY-ST-7IP CITY-ST-ZIP ST AUGUSTINE FL 32080 TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME SOLANO, CHARLES NAME STREET ADDRESS 84 VILLAGE LAS PALMAS CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST AUGUSTINE FL 32080

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Stalutes, 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.

FILED Jun 19, 2002 8:00 am

Secretary of State

06-19-2002 90473 001 ***306.25



Attachmut

FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

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.

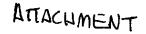
The fee to file the enclosed nonprofit annual report/uniform business report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

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



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

Contact: OS=471-6366 Night: 904/471-6366 0064764539

35 VILLAGE LAS PALMAS CIRC ST. AUGUSTINE, FL 32080

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