



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90084 019 ****61.25

DOCUMENT # 764539					
1. Entity Name THE OCEAN GALLERY VILLAGE LAS PALMAS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4600 A1A SOUTH SAINT AUGUSTINE, FL 32080		Mailing Address 4600 A1A SOUTH SAINT AUGUSTINE, FL 32080			
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 <input type="checkbox"/> \$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 406 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. I am familiar with, and accept the obligations of registered-agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	NO CUNNINGHAM, HENRY H	<input type="checkbox"/> Delete	TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	34 VILLAGE LAS PALMAS CIRCLE ST AUGUSTINE, FL 32080		NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	PD BORNOR, PHILIP	<input checked="" type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	65 VILLAGE LAS PALMAS CIRCLE ST AUGUSTINE, FL 32080		NAME	MARY ANN ANDREWS	
STREET ADDRESS			STREET ADDRESS	5-1 VILLAGE LAS PALMAS	
CITY-ST-ZIP			CITY-ST-ZIP	ST AUGUSTINE, FL 32080	
TITLE	D FERMENT, GEORGE	<input type="checkbox"/> Delete	TITLE	V P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	44 LAS PALMAS CIR SAINT AUGUSTINE, FL 32080		NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	TD WILLIAMS, LYNN	<input type="checkbox"/> Delete	TITLE		
NAME	42 VILLAGE LAS PALMAS CIRCLE ST AUGUSTINE, FL 32080		NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D FRANCIS, HELEN	<input checked="" type="checkbox"/> Delete	TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	74 VILLAGE LAS PALMAS CIR SAINT AUGUSTINE, FL 32080		NAME	PEGGY MEEHAN	
STREET ADDRESS			STREET ADDRESS	3-3 VILLAGE LAS PALMAS	
CITY-ST-ZIP			CITY-ST-ZIP	ST AUGUSTINE, FL 32080	
TITLE	D SOLANO, CHARLES	<input type="checkbox"/> Delete	TITLE		
NAME	84 VILLAGE LAS PALMAS CIRCLE ST AUGUSTINE, FL 32080		NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			4-26-05		(904) 471-6655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #