


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90205 050 ****61.25

DOCUMENT # 764539
 1. Entity Name
THE OCEAN GALLERY VILLAGE LAS PALMAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
 4600 A1A SOUTH 4600 A1A SOUTH
 SAINT AUGUSTINE FL 32080 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



1st MOORE CR2E037 (10/05)

4. FEI Number Applied For
59-2251265 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$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: D Delete
 NAME: CUNNINGHAM, HENRY H
 STREET ADDRESS: 34 VILLAGE LAS PALMAS CIRCLE
 CITY-ST-ZIP: ST AUGUSTINE FL 32080

TITLE: VP Change Addition
 NAME: RAY RYAN
 STREET ADDRESS: 9-4 VILLAGE LAS PALMAS CIR.
 CITY-ST-ZIP: ST AUGUSTINE FL 32080

TITLE: PD Delete
 NAME: ANDREWS, MARY A
 STREET ADDRESS: 5-1 VILLAGE LAS PALMAS
 CITY-ST-ZIP: ST AUGUSTINE FL 32080

TITLE: Change Addition
 NAME: STREET ADDRESS: CITY-ST-ZIP:

TITLE: VP Delete
 NAME: FERMENT, GEORGE
 STREET ADDRESS: 44 LAS PALMAS CIR
 CITY-ST-ZIP: SAINT AUGUSTINE FL 32080

TITLE: Change Addition
 NAME: STREET ADDRESS: CITY-ST-ZIP:

TITLE: TD Delete
 NAME: WILLIAMS, LYNN
 STREET ADDRESS: 42 VILLAGE LAS PALMAS CIRCLE
 CITY-ST-ZIP: ST AUGUSTINE FL 32080

TITLE: Change Addition
 NAME: STREET ADDRESS: CITY-ST-ZIP:

TITLE: SD Delete
 NAME: MEEHAN, PEGGY
 STREET ADDRESS: 3-3 VILLAGE LAS PALMAS
 CITY-ST-ZIP: SAINT AUGUSTINE FL 32080

TITLE: Change Addition
 NAME: STREET ADDRESS: CITY-ST-ZIP:

TITLE: D Delete
 NAME: SOLANO, CHARLES
 STREET ADDRESS: 84 VILLAGE LAS PALMAS CIRCLE
 CITY-ST-ZIP: ST AUGUSTINE FL 32080

TITLE: VP Change Addition
 NAME: RICHARD SHORTLIFFE
 STREET ADDRESS: 63 VILLAGE LAS PALMAS CIR
 CITY-ST-ZIP: ST AUGUSTINE FL 32080

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 any address, with all other like empowered.

SIGNATURE: _____

4-25-06 (904)471-1155