

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90035 028 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2251265	
Zip		Country		Applied For <input type="checkbox"/> 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 <u>Geoffrey B. Dobson</u> Street Address (P.O. Box Number is Not Acceptable) <u>93 ORANGE ST.</u> City <u>ST. AUGUSTINE</u> FL Zip Code <u>32084</u>		
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 <u>[Signature]</u>		(NOTE: Registered Agent signature required when reinstating)		DATE <u>July 17, 2007</u>	
Filing Fee is \$61.25 Due by September 14, 2007		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	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, RAY		NAME		
STREET ADDRESS	9-4 VILLAGE LAS PALMAS CIR		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<u>TO</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDREWS, MARY A		NAME	<u>Nolan, Donna</u>	
STREET ADDRESS	5-1 VILLAGE LAS PALMAS		STREET ADDRESS	<u>95 Village Las Palmas Circle</u>	
CITY-ST-ZIP	ST AUGUSTINE, FL 32080		CITY-ST-ZIP	<u>St Augustine, FL 32080</u>	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<u>D</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, LYNN		NAME	<u>Osgood, James</u>	
STREET ADDRESS	42 VILLAGE LAS PALMAS CIRCLE		STREET ADDRESS	<u>4332 NW 12th Place</u>	
CITY-ST-ZIP	ST AUGUSTINE, FL 32080		CITY-ST-ZIP	<u>Gainesville FL 32605</u>	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEEHAN, PEGGY		NAME		
STREET ADDRESS	3-3 VILLAGE LAS PALMAS		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<u>PO</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHORTLIDGE, RICHARD		NAME		
STREET ADDRESS	63 VILLAGE LAS PALMAS CIR		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			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 exemptions contained in Chapter 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 an address with another like empowered.					
SIGNATURE: <u>[Signature]</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>July 17, 2007</u>	
		Richard L. Shortlidge President		Daytime Phone #	