

764539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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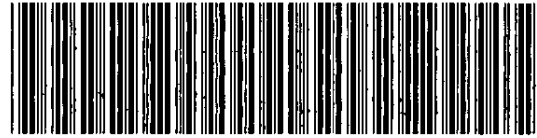
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R.A. Change

TB 6/19/08

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Ocean Gallery Village Las Palmas Condominium Association, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** 764539

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

L. Scott Simmons, General Manager  
(Name of Contact Person)

The Ocean Gallery Resort Condominiums  
(Firm/Company)

4600 A1A South  
(Address)

St. Augustine, FL 32080  
(City/State and Zip Code)

For further information concerning this matter, please call:

Diana S. Nola at ( 904 ) 461 0015  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

