

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2003 8:00 am**  
**Secretary of State**

05-13-2003 90132 001 \*\*\*306.25

000059

**DOCUMENT # 764539**

1. Entity Name  
**THE OCEAN GALLERY VILLAGE LAS PALMAS CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**4600 A1A SOUTH  
ST. AUGUSTINE FL 32084** *32080*

Mailing Address  
**4600 A1A SOUTH  
ST. AUGUSTINE FL 32084** *32080*

**55040297**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2251265**  
Applied For  
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional  
Fee Required**

CHECK HERE IF MAKING CHANGES

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 \_\_\_\_\_ 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**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>VD CUNNINGHAM, HENRY H 34 VILLAGE LAS PALMAS CIRCLE ST AUGUSTINE FL 32080</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BORNER, PHILIP 65 VILLAGE LAS PALMAS CIRCLE ST AUGUSTINE FL 32080</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>D MCCARTHY, FRANK 35 VILLAGE LAS PALMAS CIRCLE ST AUGUSTINE FL 32080</b></del>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>SD WILLIAMS, LYNN 42 VILLAGE LAS PALMAS CIRCLE ST AUGUSTINE FL 32080</b></del> <i>change to TD</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>D NOLAN, JIMMY 95 VILLAGE LAS PALMAS CIRCLE ST AUGUSTINE FL 32080</b></del>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SOLANO, CHARLES 84 VILLAGE LAS PALMAS CIRCLE ST AUGUSTINE FL 32080</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD Andrews, Mary Ann 54 Magnolia Dunes Circle St. Augustine FL 32080</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Francis, Helen 74 Village Las Palmas Circle St Augustine FL 32080</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Ferment, George 44 Las Palmas Circle St Augustine FL 32080</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **SECRETARY** *3-13-03 901-46-3197*

CR2E037 (10/02)