

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 16 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 764540 (1)**  
 1. Corporation Name  
**THE OCEAN GALLERY PROPERTY OWNERS ASSOCIATION, I NC.**



Principal Place of Business <b>4800 A1A SOUTH ST. AUGUSTINE FL 32084</b>		Mailing Address <b>4800 A1A SOUTH ST. AUGUSTINE FL 32084-9478</b>		3. Date Incorporated or Qualified <b>08/11/1982</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number <b>59-2856970</b>	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24 Zip	25 Country	29 Zip	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**JONES, KATHERINE G.**  
**780 N. PONCE DE LEON BLVD.**  
**ST. AUGUSTINE FL 32085**

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
**FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>COYNE, JACK</b>	1.2 NAME	<b>Susi Pittman</b>
STREET ADDRESS	<b>205 CARIBE VISTA</b>	1.3 STREET ADDRESS	<b>4600 A1A S., PAC 106</b>
CITY-ST-ZIP	<b>ST. AUGUSTINE FL</b>	1.4 CITY-ST-ZIP	<b>St. Augustine, FL 32084</b>
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FORSTER, WILLIAM</b>	2.2 NAME	<b>Phillip Carr</b>
STREET ADDRESS	<b>4600 HWY A1A SOUTH, PV 314</b>	2.3 STREET ADDRESS	<b>4600 A1A South, VDP 8-1</b>
CITY-ST-ZIP	<b>ST AUGUSTINE FL</b>	2.4 CITY-ST-ZIP	<b>St. Augustine, FL 32084</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCOVILLE, JOSEPH F.</b>	3.2 NAME	
STREET ADDRESS	<b>3-3 DEL LAGO</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST AUGUSTINE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VAUGHN, STUART</b>	4.2 NAME	<b>4600 A1A, South, VDP 9-1</b>
STREET ADDRESS	<b>4600 HWY A1A S., VLP 8-6</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BORNOR, PHILIP</b>	5.2 NAME	<b>Thomas Ingle</b>
STREET ADDRESS	<b>4600 A1A SOUTH, VLP 6-5</b>	5.3 STREET ADDRESS	<b>4600 A1A, South, PAC 103</b>
CITY-ST-ZIP	<b>ST AUGUSTINE FL</b>	5.4 CITY-ST-ZIP	<b>St. Augustine FL 32084</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LIPSETT, LLOYD</b>	6.2 NAME	
STREET ADDRESS	<b>1093 A1A BEACH BLVD., #256</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST AUGUSTINE FL</b>	6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **SIGNATURE REQUIRED** 5/8/97 904/471-6655  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0001961

CR2E037 (9/96)