

FILE NOW: FILING FEE IS \$61.25

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May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 4600 A1A SOUTH ST. AUGUSTINE FL 32084	Mailing Address 4600 A1A SOUTH ST. AUGUSTINE FL 32084
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3. Date Incorporated or Qualified 08/11/1982		
4. FEI Number 59-2856970	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**JONES, KATHERINE G.
 780 N. PONCE DE LEON BLVD.
 ST. AUGUSTINE FL 32085**

10. Name and Address of New Registered Agent
**81 Name
 John R. Geiger
 82 Street Address (P.O. Box Number is Not Acceptable)
 4475 US 1 South #406
 83
 84 City
 St. Augustine, FL 85 Zip Code
 32086**

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 *John R. Geiger* **John R. Geiger** **April 29, 1998**
Signature and title of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE SD	<input type="checkbox"/> DELETE
NAME PITTMAN, SUZI	
STREET ADDRESS 4600 A1A S PAC 100	
CITY-ST-ZIP ST. AUGUSTINE FL	
TITLE D	<input type="checkbox"/> DELETE
NAME CARR, PHILLIP	
STREET ADDRESS 4600 A1A SOUTH VDP 8-1	
CITY-ST-ZIP ST AUGUSTINE FL	
TITLE D	<input type="checkbox"/> DELETE
NAME SCOVILLE, JOSEPH F.	
STREET ADDRESS 3-3 DEL LAGO	
CITY-ST-ZIP ST AUGUSTINE FL	
TITLE PD	<input type="checkbox"/> DELETE
NAME VAUGHN, STUART	
STREET ADDRESS 4600 A1A SOUTH VDP 9-1	
CITY-ST-ZIP ST. AUGUSTINE FL	
TITLE TD	<input type="checkbox"/> DELETE
NAME INGLE, THOMAS	
STREET ADDRESS 4600 A1A SOUTH PAC 103	
CITY-ST-ZIP ST AUGUSTINE FL	
TITLE VD	<input type="checkbox"/> DELETE
NAME LIPSETT, LLOYD	
STREET ADDRESS 1093 A1A BEACH BLVD., #256	
CITY-ST-ZIP ST AUGUSTINE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Phil Barmor	
1.3 STREET ADDRESS 4600 Hwy. A1A, S., VLP 6-5	
1.4 CITY-ST-ZIP St. Augustine, FL 32084	
2.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Carr, Philip(Bud)	
2.3 STREET ADDRESS 4600 A1A South VDP 8-1	
2.4 CITY-ST-ZIP St. Augustine, FL	
3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Cunningham, Hank	
3.3 STREET ADDRESS 4600 HWY. US 1 South VLP 3-4	
3.4 CITY-ST-ZIP St. Augustine, FL	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *Phillip Carr* **Phillip Carr** **4-29-98** **471-6655**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0001450

CR2E037 (10/97)