

FILE NOW: FILING FEE IS \$61.25

FILED
May 19, 1999 8:00 am
Secretary of State

05-19-1999 90001 008 ***306.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 764540

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/11/1982

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2856970

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GEIGER, JOHN R
4475 US 1 SOUTH 406
ST. AUGUSTINE FL 32086**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

TITLE **D**
NAME **BORNOR, PHIL**
STREET ADDRESS **4600 HWY A1A S VLP 6-5**
CITY-ST-ZIP **ST AUGUSTINE FL 32084**

1.1 TITLE **SD**
1.2 NAME **BORNOR, PHIL**
1.3 STREET ADDRESS **4600 HWY A1A S, VLP 6-5**
1.4 CITY-ST-ZIP **ST. AUGUSTINE, FL 32084**

TITLE **SD**
NAME **CARR, PHILLIP**
STREET ADDRESS **4600 A1A SOUTH VDP 8-1**
CITY-ST-ZIP **ST AUGUSTINE FL**

2.1 TITLE **VD**
2.2 NAME **CARR, PHILLIP**
2.3 STREET ADDRESS **4600 HWY A1A S, VDP 8-1**
2.4 CITY-ST-ZIP **ST. AUGUSTINE, FL 32084**

TITLE **D**
NAME **SCOVILLE, JOSEPH F.**
STREET ADDRESS **3-3 DEL LAGO**
CITY-ST-ZIP **ST AUGUSTINE FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **PD**
NAME **VAUGHN, STUART**
STREET ADDRESS **4600 A1A SOUTH VDP 9-1**
CITY-ST-ZIP **ST. AUGUSTINE FL**

4.1 TITLE **D**
4.2 NAME **HACK, AL**
4.3 STREET ADDRESS **4600 HWY A1A S, VDP 8-7**
4.4 CITY-ST-ZIP **ST. AUGUSTINE, FL 32084**

TITLE **TD**
NAME **INGLE, THOMAS**
STREET ADDRESS **4600 A1A SOUTH PAC 103**
CITY-ST-ZIP **ST AUGUSTINE FL**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **VD**
NAME **LIPSETT, LLOYD**
STREET ADDRESS **1093 A1A BEACH BLVD., #256**
CITY-ST-ZIP **ST AUGUSTINE FL**

6.1 TITLE **PD**
6.2 NAME **LIPSETT, LLOYD**
6.3 STREET ADDRESS **1093 A1A BEACH BLVD #256**
6.4 CITY-ST-ZIP **ST. AUGUSTINE, FL 32084**

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/21/99 (904) 471-5673

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

Additional Information Sheet

Document #: 764540

The Ocean Gallery Property Owners Association, Inc.
FEI Number: 59-2856970

764540
562141-90001-36

13. Additions

7.1	TITLE	D
7.2	NAME	Naber, Chuck
7.3	STREET	4600 Hwy. A1A S., VDL 3-7
7.4	CITY	St. Augustine, FL 32084