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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/11/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2856970
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Zip 29	Country 30
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D BORNOR, PHIL	1.1 TITLE	SD BORNOR, PHIL
NAME	4600 HWY A1A S VLP 6-5	1.2 NAME	4600 HWY A1A S, VLP 6-5
STREET ADDRESS	ST AUGUSTINE FL 32084	1.3 STREET ADDRESS	ST. AUGUSTINE, FL 32084
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD CARR, PHILLIP	2.1 TITLE	VD CARR, PHILLIP
NAME	4600 A1A SOUTH VDP 8-1	2.2 NAME	4600 HWY A1A S, VDP 8-1
STREET ADDRESS	ST AUGUSTINE FL	2.3 STREET ADDRESS	ST. AUGUSTINE, FL 32084
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D SCOVILLE, JOSEPH F.	3.1 TITLE	
NAME	3-3 DEL LAGO	3.2 NAME	
STREET ADDRESS	ST AUGUSTINE FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	PD VAUGHN, STUART	4.1 TITLE	D HACK, AL
NAME	4600 A1A SOUTH VDP 9-1	4.2 NAME	4600 HWY A1A S, VDP 8-7
STREET ADDRESS	ST. AUGUSTINE FL	4.3 STREET ADDRESS	ST. AUGUSTINE, FL 32084
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	TD INGLE, THOMAS	5.1 TITLE	
NAME	4600 A1A SOUTH PAC 103	5.2 NAME	
STREET ADDRESS	ST AUGUSTINE FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	VD LIPSETT, LLOYD	6.1 TITLE	PD LIPSETT, LLOYD
NAME	1093 A1A BEACH BLVD., #256	6.2 NAME	1093 A1A BEACH BLVD #256
STREET ADDRESS	ST AUGUSTINE FL	6.3 STREET ADDRESS	ST. AUGUSTINE, FL 32084
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED _____ 4/21/99 (904) 471-5673

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

