

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2002 8:00 am
Secretary of State

06-19-2002 90473 001 ***306.25

DOCUMENT # 764540

1. Entity Name

**THE OCEAN GALLERY PROPERTY OWNERS ASSOCIATION, I
 NC.**

Principal Place of Business

Mailing Address

**4600 A1A SOUTH
 ST. AUGUSTINE FL 32084**

**4600 A1A SOUTH
 ST. AUGUSTINE FL 32084**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2856970

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

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 32088**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Delete
 NAME **GIORDANO, RAY**
 STREET ADDRESS **208 PACIFICA VISTA WAY**
 CITY-ST-ZIP **ST AUGUSTINE FL 32080**

TITLE **PD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☒ Delete
 NAME **SEAWRIGHT, ANDREW J**
 STREET ADDRESS **105 VILLAGE DEL PRADO WAY**
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32084**

TITLE **TD** ☐ Change ☒ Addition
 NAME **WILLIAMS, LYNN**
 STREET ADDRESS **42 Village Las Palmas Circle**
 CITY-ST-ZIP **ST. AUGUSTINE, FL 32080**

TITLE **D** ☒ Delete
 NAME **DEVINE, ROSALYN**
 STREET ADDRESS **105 VILLAGE LAS PALMAS LN**
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32084**

TITLE **D** ☐ Change ☒ Addition
 NAME **CUNNINGHAM, HENRY H**
 STREET ADDRESS **34 Village Las Palmas Circle**
 CITY-ST-ZIP **ST. AUGUSTINE, FL 32080**

TITLE **SD** ☐ Delete
 NAME **SOLANO, CHARLES**
 STREET ADDRESS **84 VILLAGE LAS PALMAS CIRCLE**
 CITY-ST-ZIP **ST AUGUSTINE FL 32080**

TITLE **VD** ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **ALLGOOD, HOWARD**
 STREET ADDRESS **118 MORNING CREEK LANE**
 CITY-ST-ZIP **FAYETTEVILLE GA 30214**

TITLE **VD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **CUNNINGHAM, JACK**
 STREET ADDRESS **21 OVERLOOK DRIVE**
 CITY-ST-ZIP **QUEENSBURY, NY 12804**

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-02

Date

(904) 471-6655

Daytime Phone #

CR2E037 (9/01)

ATTACHMENT

Resident Directory

Ogpoa Master Assn

764540

94082

DOC # 764540

CUNNINGHAM/HENRY & MARGARET
34 VILLAGE LAS PALMAS CIRCLE
ST. AUGUSTINE, FL 32080

Night: 904/471-4406

WILLIAMS/LYNN & VIRGINIA
42 VILLAGE LAS PALMAS CIRCLE
ST. AUGUSTINE, FL 32080

Night: 904/471-8234

SOLANO/CHARLES & EVA
84 VILLAGE LAS PALMAS CIRCLE
ST. AUGUSTINE, FL 32080

Day: 904/542-0681
Night: 904/461-3967

LOCKHART/MR. & MRS. GERALD
P.O. BOX 84
BLACK RIVER, MI 48721

Contact: os#471-6152
Night: 989/471-2755
FAX: 989/471-2755

ALLGOOD/MR. & MRS. HOWARD
118 MORNING CREEK LANE
FAYETTEVILLE, GA 30214

Day: 770-652-1845/cell
Night: 770/461-4044

CUNNINGHAM/JOHN & MARIAN
21 OVERLOOK DRIVE
QUEENSBURY, NY 12804

Contact: OS=471-9106
Day: 518/798-1024
Night: 518/668-9308
FAX: 518/798-5911

GIORDANO/RAMON AND JANET
208 PACIFICA VISTA WAY
ST. AUGUSTINE, FL 32080

Night: 904/471-2750