


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90265 004 \*\*\*\*61.25

<b>DOCUMENT # 764540</b>			
1. Entity Name <b>THE OCEAN GALLERY PROPERTY OWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>4600 A1A SOUTH SAINT AUGUSTINE FL 32080</b>		Mailing Address <b>4600 A1A SOUTH SAINT AUGUSTINE FL 32080</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>GEIGER, JOHN R 4475 US 1 SOUTH 406 ST. AUGUSTINE FL 32086</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	



MOORE CR2E037 (11/03)

4. FEI Number <b>59-2856970</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> GIORDANO, RAY 208 PACIFICA VISTA WAY ST AUGUSTINE FL 32080 <input type="checkbox"/> Delete	TITLE <b>D</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> ANDREWS, EDWARD 54 MAGNOLIA DUNES CIR SAINT AUGUSTINE FL 32080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> CUNNINGHAM, JACK 21 OVERLOOK DRIVE QUEENSBURY NY 12804 <input type="checkbox"/> Delete	TITLE <b>SD</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> CUNNINGHAM, HENRY 34 VILLAGE LAS PALMAS CIR SAINT AUGUSTINE FL 32080 <input checked="" type="checkbox"/> Delete	TITLE <b>D</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> LOCKHART, GERALD P.O. BOX 84 BLACK RIVER MI 48721 <input checked="" type="checkbox"/> Delete	TITLE <b>TD</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <b>VD</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #