2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT #764540



FILED May 05, 2005 8:00 am Secretary of State

05-05-2005 90084 021 ****61 25

1. Entity Name THE OCEAN GALLERY PROPERTY OWNERS ASSOCIATION, INC.								03-03-20	03 30084 0.	21 (31.23	
4600 A1A SOUTH 4600			Mailing Address 4600 A1A SOUTH SAINT AUGUSTINE,	. 			1 1 0 \$ 111 40 \$110 \$ 161	I 41861 BIIII AIRII A	Ali Alen eran dien d		IIITI DI MEL	
2. Principal Place of Business 3. Ma			3. Mailing Address	ailing Address								
Suite, Apt. #, etc. S			Suite, Apt. #, etc.	Suite, Apt. #, etc.			04262005	Chg-NP	CR2E037	(10/03)		
City & State			City & State	City & State			4. FEI Number 59-2856970				plied For t Applicable	
Zip	Country		Zip				5. Certificate of	Status Desired		B.75 Add e 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 32086					Name Street Address (P.O. Box Number is Not Acceptable)							
					City		FL Zip Code					
	named entit tions of regist	y submits this statement for tered agent.	the purpose of changin	g its register	ed office or i	registere	ed agent, or both, i	n the State of I	Florida. I am fai	niliar with,	and accept	
SIGNATURE	Signature, typed	d or printed name of registered agent a	nd title if applicable.	(NOTE: Registere	ed Agent signatur	re required	when reinstating)		DATE			
									57172			
	_	ee is \$61.25 May 1, 2005		Campaign I Ind Contribu			\$5.00 May Be Added to Fees		Make check portda Departn			
10.	Due by M		Trust Fu		tion.		\$5.00 May Be	Fie	Make check portda Departn	ent of St	ate	
10. TITLE NAME	Due by N	May 1, 2005 OFFICERS AND DIR	Trust Fu	ind Contribu	tion.		\$5.00 May Be Added to Fees	FIGES TO OFFICE	Make check porida Departm CERS AND DIRE	CTORS IN	ate	
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indicated on this report or suppliemental 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:

Milliam Haletsti
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904)4712655