

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 08:00 AM
Secretary of State



DOCUMENT # 764540 1. Entity Name THE OCEAN GALLERY PROPERTY OWNERS ASSOCIATION, INC.			
Principal Place of Business 4600 A1A SOUTH SAINT AUGUSTINE FL 32080		Mailing Address 4600 A1A SOUTH SAINT AUGUSTINE FL 32080	
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 GEIGER, JOHN R 4475 US 1 SOUTH 406 ST. AUGUSTINE FL 32086		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.			

1st MOORE CR2E037 (10/05)

4. FEI Number **59-2856970** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D STEVENS, NANCY 117 VILLAGE DEL LAGO LANE SAINT AUGUSTINE FL 32080	TITLE	Change <input type="checkbox"/> Add <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		
TITLE	PD ANDREWS, EDWARD 54 MAGNOLIA DUNES CIR SAINT AUGUSTINE FL 32080	TITLE	Change <input type="checkbox"/> Add <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		
TITLE	SD CUNNINGHAM, JACK 21 OVERLOOK DRIVE QUEENSBURY NY 12804	TITLE	Change <input type="checkbox"/> Add <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		
TITLE	D HARBOURT, BOYD 310 AEGEAN VISTA WAY SAINT AUGUSTINE FL 32080	TITLE	Change <input type="checkbox"/> Add <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		
TITLE	TD NOEGEL, CAROL 310 PACIFICA VISTA WAY SAINT AUGUSTINE FL 32080	TITLE	Change <input type="checkbox"/> Add <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		
TITLE	VD DALETSKI, WILLIAM 9712 WILLOW LAKES RD. HARVARD IL 60033	TITLE	Change <input type="checkbox"/> Add <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		

100000553758
05/15/06-80065-013 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 817, 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: *Edward Andrews* 4/25/06 (904) 471-6655