


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

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

<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	4. FEI Number <b>59-2856970</b> <div style="float: right; text-align: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>GEIGER, JOHN R</b> <b>4475 US 1 SOUTH 406</b> <b>ST. AUGUSTINE FL 32086</b>				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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	<b>STEVENS, NANCY</b>		NAME		
STREET ADDRESS	<b>117 VILLAGE DEL LAGO LANE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SAINT AUGUSTINE FL 32080</b>		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	<b>ANDREWS, EDWARD</b>		NAME		
STREET ADDRESS	<b>54 MAGNOLIA DUNES CIR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SAINT AUGUSTINE FL 32080</b>		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	<b>CUNNINGHAM, JACK</b>		NAME		
STREET ADDRESS	<b>21 OVERLOOK DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>QUEENSBURY NY 12804</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	<b>HARBOUR, BOYD</b>		NAME		
STREET ADDRESS	<b>310 AEGEAN VISTA WAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SAINT AUGUSTINE FL 32080</b>		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	<b>NOEGEL, CAROL</b>		NAME		
STREET ADDRESS	<b>310 PACIFICA VISTA WAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SAINT AUGUSTINE FL 32080</b>		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	<b>DALETSKI, WILLIAM</b>		NAME		
STREET ADDRESS	<b>9712 WILLOW LAKES RD.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HARVARD IL 60033</b>		CITY-ST-ZIP		

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 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:** *Edward Andrews* 4/25/06 (904) 471-6655