


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90035 026 ****61.25

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

40120500



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

07172007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
59-2856970

Applied For
 Not Applicable

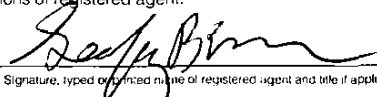
Zip Country

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

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: **Geoffrey Dobson**
 Street Address (P.O. Box Number is Not Acceptable):
93 Orange St.
 City: **St. Augustine FL** Zip: **32084**

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:  DATE: **July 17, 2007**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 14, 2007

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	
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	STEVENS, NANCY
STREET ADDRESS	117 VILLAGE DEL LAGO LANE
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080
TITLE	PD <input checked="" type="checkbox"/> Delete
NAME	ANDREWS, EDWARD
STREET ADDRESS	54 MAGNOLIA DUNES CIR
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080
TITLE	SD <input type="checkbox"/> Delete
NAME	CUNNINGHAM, JACK
STREET ADDRESS	21 OVERLOOK DRIVE
CITY-ST-ZIP	QUEENSBURY, NY 12804
TITLE	D <input type="checkbox"/> Delete
NAME	HARBOURT, BOYD
STREET ADDRESS	310 AEGEAN VISTA WAY
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080
TITLE	TD <input type="checkbox"/> Delete
NAME	NOEGEL, CAROL
STREET ADDRESS	310 PACIFICA VISTA WAY
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080
TITLE	VD <input type="checkbox"/> Delete
NAME	DALETSKI, WILLIAM
STREET ADDRESS	9712 WILLOW LAKES RD.
CITY-ST-ZIP	HARVARD, IL 60033

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bosman, Phil
STREET ADDRESS	65 Village Las Palmas Cr.
CITY-ST-ZIP	St. Augustine, FL 32080
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Osgard, James
STREET ADDRESS	4332 NW 12th Place
CITY-ST-ZIP	Gainesville FL 32605
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wiles, Kathleen
STREET ADDRESS	Box 566
CITY-ST-ZIP	Hampton Bays, NY 11946
TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  DATE: _____ DAYTIME PHONE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR