


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # 764540</b> 1. Entity Name <b>THE OCEAN GALLERY PROPERTY OWNERS ASSOCIATION, INC.</b>	
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Principal Place of Business <b>4600 A1A SOUTH SAINT AUGUSTINE, FL 32080</b>	Mailing Address <b>4600 A1A SOUTH SAINT AUGUSTINE, FL 32080</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

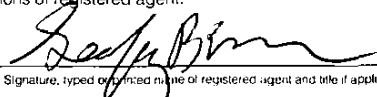
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07172007 Chg-NP CR2E037 (12/06)

<b>6. Name and Address of Current Registered Agent</b>  <b>GEIGER, JOHN R 4475 US 1 SOUTH 406 ST. AUGUSTINE, FL 32086</b>	<b>7. Name and Address of New Registered Agent</b> Name: <b>Geoffrey Dobson</b> Street Address (P.O. Box Number is Not Acceptable): <b>93 Orange St.</b> City: <b>St. Augustine</b> FL Zip: <b>32084</b>
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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**  
(NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by September 14, 2007</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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVENS, NANCY 117 VILLAGE DEL LAGO LANE SAINT AUGUSTINE, FL 32080 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bosman, Phil 65 Village Las Palmas Cr. St. Augustine, FL 32080 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDREWS, EDWARD 54 MAGNOLIA DUNES CIR SAINT AUGUSTINE, FL 32080 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Osgard, James 4332 NW 12th Place Gainesville FL 32605 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CUNNINGHAM, JACK 21 OVERLOOK DRIVE QUEENSBURY, NY 12804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wiles, Kathleen Box 566 Hampton Bays, NY 11946 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARBOURT, BOYD 310 AEGEAN VISTA WAY SAINT AUGUSTINE, FL 32080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD    <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NOEGEL, CAROL 310 PACIFICA VISTA WAY 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	VD DALETSKI, WILLIAM 9712 WILLOW LAKES RD. HARVARD, IL 60033 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition

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