

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2008  
Secretary of State**

DOCUMENT# 764540

Entity Name: THE OCEAN GALLERY PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4600 A1A SOUTH  
SAINT AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

4600 A1A SOUTH  
SAINT AUGUSTINE, FL 32080

**New Mailing Address:**

FEI Number: 59-2856970      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DOBSON, GEOFFREY  
93 ORANGE ST  
SAINT AUGUSTINE, FL 32084      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: BORNOA, PHIL  
Address: 65 VILLAGE PALMAS CR  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: PD      ( ) Delete  
Name: OSGARD, JAMES  
Address: 4332 NW 12TH PLACE  
City-St-Zip: GAINESVILLE, FL 32605

Title: SD      ( ) Delete  
Name: CUNNINGHAM, JACK  
Address: 21 OVERLOOK DRIVE  
City-St-Zip: QUEENSBURY, NY 12804

Title: PD      ( ) Delete  
Name: HARBOURT, BOYD  
Address: 310 AEGEAN VISTA WAY  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: TD      ( ) Delete  
Name: NOEGEL, CAROL  
Address: 310 PACIFICA VISTA WAY  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VD      ( ) Delete  
Name: DALETSKI, WILLIAM  
Address: 9712 WILLOW LAKES RD.  
City-St-Zip: HARVARD, IL 60033

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SD      (X) Change ( ) Addition  
Name: SHORTLIDGE, RICHARD  
Address: 63 VILLAGE LAS PALMAS CR  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VPD      (X) Change ( ) Addition  
Name: OSGARD, JAMES  
Address: 4332 NW 12TH PLACE  
City-St-Zip: GAINESVILLE, FL 32605

Title: D      (X) Change ( ) Addition  
Name: WILES, KATHLEEN  
Address: BOX 566  
City-St-Zip: HAMPTON BAYS, NY 11946

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOYD HARBOURT

PD

04/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date