

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764540

FILED
Apr 30, 2008
Secretary of State

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