2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#764540

FILED Apr 28, 2009 Secretary of State

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

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
4600 A1A SAINT AU	SOUTH GUSTINE, FL	32080			
Current Mailing Address:			New Mailing Add	New Mailing Address:	
4600 A1A SAINT AU	SOUTH GUSTINE, FL	32080			
FEI Number:	: 59-2856970	FEI Number Applied For ()	FEI Number Not Applicable()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Addres	ss of New Registered Agent:	
28 CORDO	, JOHN A ESC DVA ST STINE, FL 320				
The above in the State	named entity s e of Florida.	submits this statement for the	purpose of changing its registe	ered office or registered agent, or both,	
SIGNATU	RE:				
	Electror	nic Signature of Registered A	gent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHAI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	SHORTLIDGE, 63 VILLAGE LA		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	VPD () OSGARD, JAM 4332 NW 12TH GAINESVILLE,	I PLACE	Title: Name: Address:	() Change () Addition	
City-St-Zip:		02000	City-St-Zip:		
Title: Name: Address: City-St-Zip:	D () WILES, KATHL BOX 566 HAMPTON BAY) Delete EEN	City-St-Zip: Title: Name: Address: City-St-Zip:	()Change()Addition	
Title: Name: Address:	WILES, KATHL BOX 566 HAMPTON BAY PD () HARBOURT, BO 310 AEGEAN V) Delete EEN 'S, NY 11946) Delete OYD	Title: Name: Address:	() Change () Addition () Change () Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address:	WILES, KATHL BOX 566 HAMPTON BAY PD () HARBOURT, BO 310 AEGEAN V SAINT AUGUST TD () NOEGEL, CARO 310 PACIFICA) Delete EEN 'S, NY 11946) Delete OYD IISTA WAY FINE, FL 32080) Delete OL	Title: Name: Address: City-St-Zip: Title: Name: Address:	., .	

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 P 04/28/2009