

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90132 001 ***306.25

UNIFORM

DOCUMENT # 764540

1. Entity Name
THE OCEAN GALLERY PROPERTY OWNERS ASSOCIATION, I NC.

Principal Place of Business
**4600 A1A SOUTH
ST. AUGUSTINE FL ~~32084~~ 32080**

Mailing Address
**4600 A1A SOUTH
ST. AUGUSTINE FL ~~32084~~ 32080**

2. Principal Place of Business
Suite, Apt. #, etc.

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

City & State

City & State

4. FEI Number **59-2856970** Applied For
Not Applicable

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
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____



CHECK HERE IF MAKING CHANGES

FILE NOW: FEE IS \$61.25

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME PD <i>change to D</i> GIORDANO, RAY	<input type="checkbox"/> Delete	TITLE NAME PD Andrews, Edward	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 208 PACIFICA VISTA WAY ST AUGUSTINE FL 32080		STREET ADDRESS 54 Magnolia Dunes Circle St. Augustine Beach FL 32080	
TITLE NAME SD SOLANO, CHARLES	<input checked="" type="checkbox"/> Delete	TITLE NAME VD Daletski, William	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 84 VILLAGE LAS PALMAS CIRCLE ST AUGUSTINE FL 32080		STREET ADDRESS 9712 Willow Lakes Rd Harvard, IL 60033	
TITLE NAME VD ALLGOOD, HOWARD	<input checked="" type="checkbox"/> Delete	TITLE NAME D Cunningham, Henry	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 118 MORNING CREEK LANE FAYETTEVILLE GA 30214		STREET ADDRESS 34 Village Las Palmas Circle St. Augustine FL 32080	
TITLE NAME D <i>change to SD</i> CUNNINGHAM, JACK John	<input type="checkbox"/> Delete	TITLE NAME D Lockhart, Gerald	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 21 OVERLOOK DRIVE QUEENSBURY NY 12804		STREET ADDRESS P.O. Box 84 Black River, MI 48721	
TITLE NAME <input type="checkbox"/> Delete		TITLE NAME TD Williams, Lynn	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <input type="checkbox"/> Delete		STREET ADDRESS 42 Village Las Palmas Circle St. Augustine FL 32080	
TITLE NAME <input type="checkbox"/> Delete		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <input type="checkbox"/> Delete		STREET ADDRESS	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* **3/15/03**

CR2E037 (10/02)