

**FILE NOW: FILING FEE IS \$61.25**

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NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N00313 (9)**  
 1. Corporation Name  
**THE OCEAN GALLERY VILLAGE DEL LAGO CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>4600 A1A SOUTH                  ST. AUGUSTINE FL 32084</b>	Mailing Address <b>4600 A1A SOUTH                  ST. AUGUSTINE FL 32084</b>
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3. Date Incorporated or Qualified <b>12/13/1983</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>59-2491346</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

**9. Name and Address of Current Registered Agent**

**JONES, KATHERINE G.  
 780 NORTH PONCE DE LEON BLVD.  
 ST. AUGUSTINE FL 32085**

**10. Name and Address of New Registered Agent**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-stating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	DT	<input type="checkbox"/> DELETE
NAME	MORRIS, ELIZABETH	
STREET ADDRESS	4600 HWY A1A S VDL 2-3	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	STERLING, LUANN	
STREET ADDRESS	4-1 DEL LAGO	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PLATT, LETTIE	
STREET ADDRESS	7-4 DEL LAGO	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SCOVILLE, FRED	
STREET ADDRESS	3-3 DEL LAGO	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PLANT REUBEN	
STREET ADDRESS	4600 HWY, A1A, S., VDL 8-4	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NULLETT, WALTER	
STREET ADDRESS	4-2 DEL LAGO	
CITY-ST-ZIP	ST AUGUSTINE FL	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Jeannette Barnes	
23 STREET ADDRESS	4600 A1A S., VDL 8-7	
24 CITY-ST-ZIP	St. Augustine FL 32084	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** *Charles J. Naber* Charles J. Naber 4-29-96 904/471-6655  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE037 (12/95)

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The Ocean Gallery Village Del Lago Condominium Association,  
Inc.  
1996 Nonprofit Corporation Annual Report

TD  
Charles Naber  
4600 Highway A1A, South  
VDL 3-7  
St. Augustine, FL 32084

(Addition)