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FILED
May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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

Mailing Address

**4800 A1A SOUTH
ST. AUGUSTINE FL 32084**

**4800 A1A SOUTH
ST. AUGUSTINE FL 32084-9478**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/13/1983	3a. Date of Last Report 05/01/1996
21		26		4. FEI Number 59-2491346	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	MORRIS, ELIZABETH	1.2 NAME	
STREET ADDRESS	4800 HWY A1A S VDL 2-3	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	BARNES, JEANNETTE	2.2 NAME	
STREET ADDRESS	4800 A1A SOUTH, VDL 8-7	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	PD
NAME	PLATT, LETTIE	3.2 NAME	Charles Naber
STREET ADDRESS	7-4 DEL LAGO	3.3 STREET ADDRESS	4600 A1A, South, VDL 3-7
CITY-ST-ZIP	ST AUGUSTINE FL	3.4 CITY-ST-ZIP	St. Augustine FL 32084
TITLE	SD	4.1 TITLE	
NAME	SCOVILLE, FRED	4.2 NAME	
STREET ADDRESS	3-3 DEL LAGO	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	
NAME	PLANT REUBEN	5.2 NAME	
STREET ADDRESS	4800 HWY, A1A, S., VDL 8-4	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	NULLETT, WALTER	6.2 NAME	
STREET ADDRESS	4-2 DEL LAGO	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL	6.4 CITY-ST-ZIP	

14. I do 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 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 Naber

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

964/471-6655

Daytime Phone # **0001344**

CR2E037 (9/96)