FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

N00313

(9)

THE OCEAN GALLERY VILLAGE DEL LAGO CONDOMINIUM A SSOCIATION, INC.				
Principal Place of Business		Mailing Address		r retring, are marin genna titter riffen biller Giller Giller Erfer Arter freit fifter
4600 A1A SOUTH 4600 A1A SOUTH ST. AUGUSTINE FL 32084 ST. AUGUSTINE FL 32084				3. Date Incorporated or Qualified 12/13/1983 4. FEI Number Applied For
				4. FEI Number Applied For Not Applied For
2. Principal P	lace of Business	2a. Mailing Address		5. Certificate of Status Desired S8.75 Additional Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
City & State	e	City & State		7. Is this nonprofit corporation a homeowners association?
23		28		Yes No
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25 9. Name and Address of Curre	29 30	0	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
81 Name				
JONES, KATHERINE G			Joh 82 Street	n R. Geiger Address (P.O. Box Number is Not Acceptable)
78 <u>0 North Ponce de Le</u> on Blvd.			447	75 US 1 South #406
ST. <u>Augustine Fl. 32005 -</u>			83	
			84 City	Augustine, FL 85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 612.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or bottom 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 objections of Section 617.0503, Florida Statutes.				
SIGNATURE John R. Geiger April 29, 1998				
12.	OFF CERS OF	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 D Change X Addition
TITLE	MORRIS, ELIZABETH	A METERE	1.1 1ffle 1.2 NAME	Jordan, Michael
STREET ADDRESS	4600 HWY A1A S VDL 2-3		1.3 STREET ADDRESS	4600 HWY AlA South VDL 6-4
CITY-ST-ZIP	ST. AUGUSTINE FL		1.4 CITY - ST - ZIP	St. Augustine, FL
TITLE	D	DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BARNES, JEANNETTE		2.2 NAME	
STREET ADDRESS	4800 A1A SOUTH, VDL 8-7		2.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	ST AUGUSTINE FL PD	DELETE	2. 4 CITY-ST-ZIP 3.1 T TLE	Change Addition
NAME	NABER, CHARLES		3.2 NAME	- Change - Maddel
STREET ADDRESS	4800 A1A SOUTH VDL 3-7		3.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL		3.4. CITY-ST- <i>T</i> IP	
TITLE	SD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SCOVILLE, FRED 3-3 DEL LAGO		4. 2 NAME	
STREET ADDRESS	ST AUGUSTINE FL		4.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	VD	☐ DELETE	4.4 C/TY - ST - ZIP 5.1 TITLE	☐ Change ☐ Addition
NAME	PLANT REUBEN		5.2 NAME	
STREET ADDRESS	4600 HWY, A1A, S., VDL 8-4	,	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL		5.4 CITY-ST-ZIP	
TITLE	MHIETT WAITED	☐ DELETE	6.1 TIFLE	T D
NAME STREET ADDRESS	NULLETT, WALTER 4-2 DEL LAGO	,	6.2 NAME 6.3 STREET ADDRESS	Nullet, Walter

14. 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 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:

NATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Y/29/9%

FILED

May 18 1998 8:00am

Secretary of State

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