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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N00313

1. Corporation Name  
THE OCEAN GALLERY VILLAGE DEL LAGO CONDOMINIUM ASSOCIATION, INC.

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

Mailing Address  
4600 A1A SOUTH  
ST. AUGUSTINE FL 32084



2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified  
12/13/1983

4. FEI Number  
59-2491346  
Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent  
GEIGER, JOHN R  
4475 US 1 SOUTH  
406  
ST. AUGUSTINE FL 32086

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D MORRIS, ELIZABETH	1.1 TITLE	SD MORRIS, ELIZABETH
NAME	4600 HWY A1A S VDL 2-3	1.2 NAME	4600 HWY A1A, S VDL 2-3
STREET ADDRESS	ST. AUGUSTINE FL	1.3 STREET ADDRESS	ST. AUGUSTINE, FL 32084
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D BARNES, JEANNETTE	2.1 TITLE	TD SHANLEY, SANDRA
NAME	4600 A1A SOUTH, VDL 8-7	2.2 NAME	4600 HWY A1A S, VDL 10-2
STREET ADDRESS	ST AUGUSTINE FL	2.3 STREET ADDRESS	ST. AUGUSTINE, FL 32084
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	PD NABER, CHARLES	3.1 TITLE	NABER, CHARLES
NAME	4600 A1A SOUTH VDL 3-7	3.2 NAME	4600 A1A SOUTH VDL 3-7
STREET ADDRESS	ST AUGUSTINE FL	3.3 STREET ADDRESS	ST. AUGUSTINE, FL 32084
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD SCOVILLE, FRED	4.1 TITLE	D SCOVILLE, FRED
NAME	3-3 DEL LAGO	4.2 NAME	4600 HWY A1A S, VDL 3-3
STREET ADDRESS	ST AUGUSTINE FL	4.3 STREET ADDRESS	ST. AUGUSTINE, FL 32084
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VD PLANT REUBEN	5.1 TITLE	PD PLANT, RUEBEN
NAME	4600 HWY, A1A, S. VDL 8-4	5.2 NAME	4600 HWY A1A S, VDL 8-4
STREET ADDRESS	ST. AUGUSTINE FL	5.3 STREET ADDRESS	ST. AUGUSTINE, FL 32084
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	TD NULLETT, WALTER	6.1 TITLE	D NULLETT, WALTER
NAME	4600 HWY A1A SOUTH VDL 4-2	6.2 NAME	4600 HWY A1A S, VDL 4-2
STREET ADDRESS	ST AUGUSTINE FL	6.3 STREET ADDRESS	ST. AUGUSTINE FL 32084
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: 4.21.99 (904) 471-6653  
SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Daytime Phone # 1921171-3721

CR2E037 (11/98)