

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 31, 2001 8:00 am**  
**Secretary of State**

08-31-2001 90113 002 \*\*\*\*75.00

**DOCUMENT # N00313**

1. Entity Name

**THE OCEAN GALLERY VILLAGE DEL LAGO CONDOMINIUM A**

Principal Place of Business

Mailing Address

4600 A1A SOUTH  
 ST. AUGUSTINE FL 32084

4600 A1A SOUTH  
 ST. AUGUSTINE FL 32084

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2491346**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GEIGER, JOHN R**  
**4475 US 1 SOUTH**  
**406**  
**ST. AUGUSTINE FL 32086**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 12, 2001, min. will be \$236.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
 NAME **VD**  
 STREET ADDRESS **SHANLEY, SANDRA**  
 CITY-ST-ZIP **46600 AIA VDL 10-2**  
**SAINT AUGUSTINE FL 32084**

TITLE ☒ Change ☐ Addition  
 NAME **PD**  
 STREET ADDRESS **102 Village Del Lago Circle**  
 CITY-ST-ZIP **ST. AUGUSTINE, FL 32080**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **NABER, CHARLE**  
 CITY-ST-ZIP **4600 AIA S VDL 3-7**  
**SAINT AUGUSTINE FL 32084**

TITLE ☒ Change ☐ Addition  
 NAME **37 Village Del Lago Circle**  
 STREET ADDRESS **ST. AUGUSTINE, FL 32080**  
 CITY-ST-ZIP

TITLE ☒ Delete  
 NAME **P**  
 STREET ADDRESS **NABER, CHARLES**  
 CITY-ST-ZIP **4600 A1A SOUTH VDL 3-7**  
**SAINT AUGUSTINE FL 32084**

TITLE ☐ Change ☒ Addition  
 NAME **TD**  
 STREET ADDRESS **Jordan, G. Michael**  
 CITY-ST-ZIP **64 Village Del Lago Circle**  
**ST. AUGUSTINE, FL 32080**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **SCOVILLE, FRED**  
 CITY-ST-ZIP **4600 HWY A1A S VDL 3-3**  
**SAINT AUGUSTINE FL 32084**

TITLE ☒ Change ☐ Addition  
 NAME **33 Village Del Lago Circle**  
 STREET ADDRESS **ST. AUGUSTINE, FL 32080**  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **PLANT REUBEN**  
 CITY-ST-ZIP **4600 HWY, A1A, S., VDL 8-4**  
**SAINT AUGUSTINE FL 32084**

TITLE ☒ Change ☐ Addition  
 NAME **D**  
 STREET ADDRESS **84 Village Del Lago Circle**  
 CITY-ST-ZIP **ST. AUGUSTINE, FL 32080**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **NULLETT, WALTER**  
 CITY-ST-ZIP **4600 HWY A1A SOUTH VDL 4-2**  
**SAINT AUGUSTINE FL 32084**

TITLE ☒ Change ☐ Addition  
 NAME **VD**  
 STREET ADDRESS **42 Village Del Lago Circle**  
 CITY-ST-ZIP **ST. AUGUSTINE, FL 32080**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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]* **SIGNATURE REQUIRED**

CR2E037 (5/01)

41-74

Doc# 1100313

BOOK 2849

SD

Bonnano, Margaret

73 Village Del Lago Circle

ST. Augustine, FL 32080