

2001 UNIFORM BUSINESS REPORT (UBR)

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

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

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DOCUMENT # N00313

1. Entity Name

THE OCEAN GALLERY VILLAGE DEL LAGO CONDOMINIUM A

(Handwritten mark)

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

4. FEI Number

59-2491346

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE: **PD** Change Addition
 NAME: _____
 STREET ADDRESS: **102 Village DEL Lago Circle**
 CITY-ST-ZIP: **ST. AUGUSTINE, FL 32080**

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

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: **37 Village DEL Lago Circle**
 CITY-ST-ZIP: **ST. AUGUSTINE, FL 32080**

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

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

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

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: **33 Village DEL Lago Circle**
 CITY-ST-ZIP: **ST. AUGUSTINE, FL 32080**

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

TITLE: **D** Change Addition
 NAME: _____
 STREET ADDRESS: **84 Village DEL Lago Circle**
 CITY-ST-ZIP: **ST. AUGUSTINE, FL 32080**

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

TITLE: **VD** Change Addition
 NAME: _____
 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: *(Handwritten Signature)* **SIGNATURE REQUIRED**

CR2E037 (5/01)

41-74

~~Doc#~~ N100313

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SD

Bonnano, Margaret

73 Village DEL Lago Circle

ST. AUGUSTINE, FL 32080