



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90084 017 \*\*\*\*61.25

|   |   |   |  |  |  |
|---|---|---|--|--|--|
| <b>DOCUMENT # N00313</b><br>1. Entity Name<br><b>THE OCEAN GALLERY VILLAGE DEL LAGO<br/>CONDOMINIUM ASSOCIATION, INC.</b>   |   |   |  |   |  |
| Principal Place of Business<br><b>4600 A1A SOUTH<br/>SAINT AUGUSTINE, FL 32080</b>  |   |   | Mailing Address<br><b>4600 A1A SOUTH<br/>SAINT AUGUSTINE, FL 32080</b> |  |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                       |  |    |  |
| City & State  |   | City & State  |  | 4. FEI Number<br><b>59-2491346</b>   |  |
| Zip   |   | Country   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>GEIGER, JOHN R<br/>4475 US 1 SOUTH<br/>406<br/>ST. AUGUSTINE, FL 32086</b>  |   |   |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                            |  |
| 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. I am familiar with, and accept the obligations of registered agent.   |   |   |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |   |  | DATE _____   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>   |  |
| <b>Make check payable to<br/>Florida Department of State</b>  |   |   |  |  |  |
| 10. OFFICERS AND DIRECTORS  |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | PD<br>SHANLEY, SANDRA<br>102 VILLAGE DEL LAGO CIRCLE<br>ST AUGUSTINE, FL 32080  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | VD<br>NABER, CHARLE<br>37 VILLAGE DEL LAGO CIRCLE<br>ST AUGUSTINE, FL 32080   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                     | S D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | TD<br>DALETSKI, WILLIAM<br>9712 WILLOW LAKES RD<br>HARVARD, IL 60033  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | SD <input checked="" type="checkbox"/> Delete<br>MCDONALD, KIRK<br>95 VILLAGE DEL LAGO CIR<br>SAINT AUGUSTINE, FL 32080 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                     | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>DICK VILECE<br>9-1 VILLAGE DEL LAGO<br>ST. AUGUSTINE, FL 32080 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | D<br>PLANT REUBEN<br>84 VILLAGE DEL LAGO CIRCLE<br>ST AUGUSTINE, FL 32080   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | D<br>NULLETT, WALTER<br>42 VILLAGE DEL LAGO CIRCLE<br>ST AUGUSTINE, FL 32080  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 12. 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 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: <u>William Daletski</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |   | Date: <u>4-29-05</u> (904) 471-6155<br><small>Daytime Phone #</small>  |  |  |