2005 NOT-FOR-PROFIT CORPORATION

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

ANNUAL REPORT	
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DOCUMENT # N00313 1. Entity Name THE OCEAN GALLERY VILLAGE DEL LAGO CONDOMINIUM ASSOCIATION, INC.							05-05-2005 90084 017 ****61.25				
4600 A1A SOUTH 460			ng Address 0 A1A SOUTH T AUGUSTINE, FL :	32080			I IRRIMET BILLS	iaiit 82126 (1151 11 52)	P 818H 618H 818H	8/8 /4 3 (8): 8/ 8 (4	151 be (DE)
2. Principal P	lace of Business	3. Mai	iling Address								
			3. Mailing Audress			i indition ell d		ili aram aram Aram		rai di ibat	
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.				04262005	Chg-NP	CR2E037	(10/03)	
City & State		Ci	City & State				4. FEI Number 59-2491			<u> </u>	plied For Applicable
Zip	Country	, Zi	р	Cou	ntry	·		of Status Desired		8.75 Addi	tional
	6. Name and Addre	ss of Current Registers	ed Agent				7. Name and	Address of New		·_	<u>'</u>
					Name			· · · · · · · · · · · · · · · · · · ·			
GEIGER, 3 4475 US 1 406					Street A	ddress (f	P.O. Box Number	r is Not Acceptab	le)		
	STINE, FL 32086										
					City				FL	Zip Code	'
	named entity submits the		oose of changing its	registere	ed office or	register	ed agent, or both	n, in the State of F	lorida. I am fa	miliar with, a	and accept
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SIGNATURE.	Signature, typed or printed name	of registered agent and title if ap-	plicable. (NOTE	: Registered	Agent signati	Derivoer Bru	when reinstating)		DATE		— i
	Pilling English 684	25			inancina					navable te	
	Filing Fee is \$61. Due by May 1, 20		9. Election Carr Trust Fund C	npaign F	-		\$5.00 May Ba Added to Fees		Make check rida Departr		
10.	Due by May 1, 20 OFFI		9. Election Carr Trust Fund C	npaign F	-		\$5.00 May Ba Added to Fees		Make check Irida Departr	nent of St	ate
TITLE	OFFI PD	05 CERS AND DIRECTORS	9. Election Carr Trust Fund C	npaign F Contributi	on.		\$5.00 May Ba Added to Fees	Flo	Make check rida Departr ERS AND DIRE	nent of St	ate
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TITLE NAME	OFFI PD SHANLEY, SANDRA	CERS AND DIRECTORS A AGO CIRCLE	9. Election Can Trust Fund C	npaign F Contributi 11. TITLE NAME	on.		\$5.00 May Ba Added to Fees	Flo	Make check rida Departr ERS AND DIRE	nent of Sta	ate 10
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changed, or on an attachment with an address, with all other like-empowered.

SIGNATURE: