


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2007 8:00 am
Secretary of State

07-24-2007 90040 042 ****61.25

DOCUMENT # N00313			
1. Entity Name THE OCEAN GALLERY VILLAGE DEL LAGO CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 4600 A1A SOUTH SAINT AUGUSTINE, FL 32080		Mailing Address 4600 A1A SOUTH SAINT AUGUSTINE, FL 32080	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2491346		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 <u>Geoffrey Dobson</u> Street Address (P.O. Box Number is Not Acceptable) <u>93 Orange Street</u> City <u>St. Augustine</u> FL Zip Code <u>32084</u>	
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.			
SIGNATURE <u>[Signature]</u> Signature, typed or printed name of registered agent and title if applicable.		DATE <u>July 19, 2007</u>	
Filing Fee is \$81.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME SHANLEY, SANDRA STREET ADDRESS 102 VILLAGE DEL LAGO CIRCLE CITY-ST-ZIP ST AUGUSTINE, FL 32080	<input type="checkbox"/> Delete	TITLE VD NAME Kathleen Wiles STREET ADDRESS Box 566 CITY-ST-ZIP Hampton Bays, NY 11946	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME NABER, CHARLE STREET ADDRESS 37 VILLAGE DEL LAGO CIRCLE CITY-ST-ZIP ST AUGUSTINE, FL 32080	<input type="checkbox"/> Delete	TITLE TO NAME Naber, Charles	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME DALETSKI, WILLIAM STREET ADDRESS 9712 WILLOW LAKES RD CITY-ST-ZIP HARVARD, IL 60033	<input type="checkbox"/> Delete	TITLE O NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME PLANT REUBEN STREET ADDRESS 84 VILLAGE DEL LAGO CIRCLE CITY-ST-ZIP ST AUGUSTINE, FL 32080	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME NULLETT, WALTER STREET ADDRESS 42 VILLAGE DEL LAGO CIRCLE CITY-ST-ZIP ST AUGUSTINE, FL 32080	<input type="checkbox"/> Delete	TITLE SO NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE D NAME James Doyle STREET ADDRESS 43 Village Del Lago Circle CITY-ST-ZIP St. Augustine FL 32080	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE <u>7-19-07</u> 904-471-6655 Date Daytime Phone #	

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