

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00313

FILED  
Mar 13, 2012  
Secretary of State

**Entity Name:** THE OCEAN GALLERY VILLAGE DEL LAGO CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4600 A1A SOUTH  
SAINT AUGUSTINE, FL 32080

**New Principal Place of Business:**

4600 A1A SOUTH  
SAINT AUGUSTINE, FL 32080 UN

**Current Mailing Address:**

4600 A1A SOUTH  
SAINT AUGUSTINE, FL 32080

**New Mailing Address:**

4600 A1A SOUTH  
SAINT AUGUSTINE, FL 32080 UN

**FEI Number:** 59-2491346

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JACKSON LAW GROUP, LL.M., P.A.  
100 WHETSTONE PLACE STE 101  
ST AUGUSTINE, FL 32086 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SHANLEY, SANDRA  
Address: 102 VILLAGE DEL LAGO CIRCLE  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: V  
Name: JANE, DENNIS  
Address: 4035 HICKORY FAIRWAY DRIVE  
City-St-Zip: WOODSTOCK, GA 30188

Title: D  
Name: WILES, KATHLEEN  
Address: BOX 566  
City-St-Zip: HAMPTON BAYS, NY 11946

Title: D  
Name: PLANT, REUBEN  
Address: 84 VILLAGE DEL LAGO CIRCLE  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: T  
Name: NULLETT, WALTER  
Address: 42 VILLAGE DEL LAGO CIRCLE  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: S  
Name: STOKLOSA, LESLIE  
Address: 59 VILLAGE DEL LAGO CIRCLE  
City-St-Zip: ST AUGUSTINE, FL 32080

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SANDRA SHANLEY

P

03/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date