

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 04, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000002237</b>					
<b>1. Entity Name</b> VILLAS OF OCEAN GATE CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 79 MASTERS DRIVE ST. AUGUSTINE, FL 32084			<b>Mailing Address</b> 79 MASTERS DRIVE ST. AUGUSTINE, FL 32084		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04232007    Chg-NP    CR2E037 (12/06)	
<b>4. FEI Number</b> APPLIED FOR				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
HERREN, JANICE L 79 MASTERS DRIVE ST. AUGUSTINE, FL 32084			Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PD MITCHELL, TERRY 401 MONTEGO BAY ST. AUGUSTINE, FL 32080	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	TD HIBBARD, LOUISE 301 ROYAL CARIBBEAN ST. AUGUSTINE, FL 32080	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	SD BRAMLITT, DENISE 148 HIAWATHA COURT E. PALATKA, FL 32131	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VD BARNHILL, ROBERT 2718 NW 62ND TERRACE GAINESVILLE, FL 32606	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D SHEWEY, ROBERT 5714 SW 36TH WAY GAINESVILLE, FL 32605	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D GALLO, PAUL 31165 HUNNINGTON PARK WOODS BAY VILLAGE, OH 44140	<input type="checkbox"/> Delete			
<b>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.</b>			UD00000765836 06/04/07-800005-021 61.25		
<b>SIGNATURE:</b> _____		5/26/07		9045617879	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	