

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002237

FILED
Jan 06, 2009
Secretary of State

Entity Name: VILLAS OF OCEAN GATE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

125 OCEAN HIBISCUS DR
SAINT AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

125 OCEAN HIBISCUS DR
SAINT AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 59-3756083

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SELLERS, CATHLEEN
125 OCEAN HIBISCUS DR
SAINT AUGUSTINE, FL 32080 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 () Delete
Name: WILLIAMS, CHRIS
Address: 321 ROYAL CARIBBEAN CT
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D () Delete
Name: HIBBARD, LOUIS
Address: 301 ROYAL CARIBBEAN
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: SDTD () Delete
Name: BRAMLITT, DENISE
Address: 245 RIVER DR
City-St-Zip: EAST PALATKA, FL 32131

Title: VD () Delete
Name: BARNHILL, ROBERT
Address: 2718 NW 62ND TERRACE
City-St-Zip: GAINESVILLE, FL 32606

Title: D () Delete
Name: SHEWEY, ROBERT
Address: 5714 SW 36TH WAY
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: RISCH, EDWARD
Address: 349 ROYAL CARIBBEAN CT
City-St-Zip: SAINT AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HIBBARD, LOUISE
Address: 301 ROYAL CARIBBEAN
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SHANLEY, FRANCIS
Address: 18 N. ST. AUGUSTINE BLVD
City-St-Zip: SAINT AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHRIS WILLIAMS

PD

01/06/2009

Electronic Signature of Signing Officer or Director

Date