## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000006911

FILED Jan 07, 2009 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 4730 A1A SOUTH 125 OCEAN HIBISCUS DRIVE ST AUGUSTINE, FL 32080 ST AUGUSTINE, FL 32080 LIS **Current Mailing Address: New Mailing Address:** 125 OCEAN HIBISCUS DR. 125 OCEAN HIBISCUS DRIVE SAINT AUGUSTINE, FL 32080 US ST AUGUSTINE, FL 32080 US FEI Number: 14-1972229 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SELLERS, CATHLEEN 125 OCEÁN HIBISCUS DR. US ST AUGUSTINE, FL 32080 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete WILLIAMS, JOHN M WILLIAMS, JOHN M Name: Name: 4730 A1A SOUTH Address: 5825 GLORIA AVENUE Address: City-St-Zip: ST AUGUSTINE, FL 32080 US City-St-Zip: ST AUGUSTINE, FL 32080 US Title: STD () Delete Title: (X) Change ( ) Addition BAMBERG, JONATHAN B Name: BAMBERG, JONATHAN B Name: Address: 4730 A1A SOUTH Address: 6275 A1A SOUTH, SUITE 103 ST AUGUSTINE, FL 32080 US City-St-Zip: City-St-Zip: ST AUGUSTINE, FL 32080 US Title: () Delete Title: (X) Change ( ) Addition KOHOUTEK, VINCENT KOHOUTEK, VINCENT Name: Name: 264 GILBRATTAR CT. 209 202 SOUTH OXALIS DRIVE Address: Address: City-St-Zip: SAINT AUGUSTINE, FL 32080 US City-St-Zip: SAINT AUGUSTINE, FL 32080 US Title: Title: ( ) Change (X) Addition ( ) Delete KRANSTUBER, DAVID Name: Name: Address: Address: P. O. BOX 3611 City-St-Zip: City-St-Zip: N. MYRTLE BEACH, SC 29582 Title: () Delete Title: ( ) Change (X) Addition ARNOLD, RICHARD Name: Name: ONE DONDANVILLE ROAD Address: Address: City-St-Zip: City-St-Zip: ST. 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: JOHN M WILLIAMS PD 01/07/2009