

FILE NOW: FILING FEE IS \$61.25

FILED  
May 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N05866 (1)**  
1. Corporation Name  
**THE OCEAN GALLERY VILLAGE DEL PRADO CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>4600 A1A SOUTH ST. AUGUSTINE FL 32084</b>	Mailing Address <b>4600 A1A SOUTH ST. AUGUSTINE FL 32084</b>
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3. Date Incorporated or Qualified <b>10/26/1984</b>	
4. FEI Number <b>59-2537806</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
	Zip <b>29</b>
	Country <b>30</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**JONES, KATHERINE G.  
780 N. PONGE DE LEON BLVD.  
SUITE 021  
ST. AUGUSTINE FL 32085**

10. Name and Address of New Registered Agent	
81 Name <b>John R. Geiger</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>4475 US 1 South #406</b>	
83	
84 City <b>St. Augustine</b>	85 Zip Code <b>FL 32086</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE John R. Geiger April 29, 1998  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<b>CARR, PHILIP</b>	1.1 TITLE <b>D</b>	<b>Abrahamson, Aron</b>
STREET ADDRESS <b>4600 HWY A12A, S, VDP 8-1</b>	<b>ST AUGUSTINE FL</b>	1.2 NAME	<b>4600 A1A s., VDP 10-9</b>
CITY-ST-ZIP		1.3 STREET ADDRESS	<b>St. Augustine, FL</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE <b>D</b>	<b>HACK, AL</b>	2.1 TITLE	
STREET ADDRESS <b>4600 A1A SOUTH VDP 8-7</b>	<b>ST AUGUSTINE FL</b>	2.2 NAME	
CITY-ST-ZIP		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <b>TD</b>	<b>VAUGHN, STUART</b>	3.1 TITLE	
STREET ADDRESS <b>4600 HWY, A1A, S. VDP-91-</b>	<b>ST. AUGUSTINE FL</b>	3.2 NAME	
CITY-ST-ZIP		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <b>VD</b>	<b>JOHNSTON, GEORGE</b>	4.1 TITLE	
STREET ADDRESS <b>4600 HWY A1A S., VDP 10-1</b>	<b>ST. AUGUSTINE FL</b>	4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<b>JOHNSON, CHARLES</b>	5.1 TITLE	
STREET ADDRESS <b>3297 TURTLE CRK RD</b>	<b>ST AUGUSTINE FL</b>	5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<b>MCCORMACK, JOHN</b>	6.1 TITLE	
STREET ADDRESS <b>4600 A1A SOUTH VPD 3-4</b>	<b>ST AUGUSTINE FL</b>	6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Phillip Carr Pres. 4-29-98 (904) 471-6655  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0001456

CR2E037 (10/97)