

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2002 8:00 am
Secretary of State

06-19-2002 90473 001 ***306.25

DOCUMENT # N05866

1. Entity Name

THE OCEAN GALLERY VILLAGE DEL PRADO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

4600 A1A SOUTH
ST. AUGUSTINE FL 32084

Mailing Address

4600 A1A SOUTH
ST. AUGUSTINE FL 32084

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2537806

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GEIER, JOHN R
4475 US 1 SOUTH
406
ST. AUGUSTINE FL 32088

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CARR, PHILIP	
STREET ADDRESS	VILLAGE DEL PRADO CIRCLE	
CITY-ST-ZIP	ST AUGUSTINE FL 32080	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HACK, AL	
STREET ADDRESS	87 VILLAGE DEL PRADO CIRCLE	
CITY-ST-ZIP	ST AUGUSTINE FL 32080	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACDONALD, JOE	
STREET ADDRESS	31 VILLAGE DEL PRADO CIRCLE	
CITY-ST-ZIP	ST AUGUSTINE FL 32080	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JOHNSON, CHARLES	
STREET ADDRESS	3297 TURTLE CRK RD	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCCORMACK, JOHN	
STREET ADDRESS	34 VILLAGE DEL PRADO CIRCLE	
CITY-ST-ZIP	ST AUGUSTINE FL 32080	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D JOHNSTON, JANE	
STREET ADDRESS	101 VILLAGE DEL PRADO CIRCLE	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080	

12. 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 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.

SIGNATURE:

(Signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-02
 Date

(904) 471-6655
 Daytime Phone #

CR2E037 (9/01)

ATTACHMENT

Resident Directory

Village Del Prado

MACDONALD/J.B. & BEVERLY
31 VILLAGE DEL PRADO CIRCLE
ST. AUGUSTINE, FL 32080

Night: 904/471-2227

MCCORMACK/JOHN & DIANE
34 VILLAGE DEL PRADO CIRCLE
ST. AUGUSTINE, FL 32080

Night: 904/471-8438

JOHNSON/CHARLES & CAROLYN
3297 TURTLE CREEK ROAD
ST. AUGUSTINE, FL 32086

Day: 904-797-3800
Night: 904/797-3800
FAX: 904-797-3800
Mobile: 904-392-5666/CELL

STAMATELOS/MR. & MRS. ALEXANDER
78 VILLAGE DEL PRADO CIRCLE
ST. AUGUSTINE, FL 32080

Night: 904/471-4345

CARR/PHILLIP AND PAULA
81 VILLAGE DEL PRADO CIRCLE
ST. AUGUSTINE, FL 32080

Night: 904/471-3075

JOHNSTON/JANE
101 VILLAGE DEL PRADO CIRCLE
ST. AUGUSTINE, FL 32080

Night: 904/461-4682

HACK/ALFRED & EVELYN
87 VILLAGE DEL PRADO CIRCLE
ST. AUGUSTINE, FL 32080

Night: 904/471-6792

94080

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