
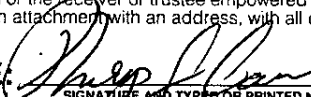


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90068 010 \*\*\*\*61.25

|   |   |  |   |
|---|---|--|---|
| <b>DOCUMENT # N05866</b>  |   |   |   |
| 1. Entity Name<br><b>THE OCEAN GALLERY VILLAGE DEL PRADO<br/>CONDOMINIUM ASSOCIATION, INC.</b>  |   |  |   |
| Principal Place of Business<br><b>4600 A1A SOUTH<br/>SAINT AUGUSTINE FL 32080</b>   |   | Mailing Address<br><b>4600 A1A SOUTH<br/>SAINT AUGUSTINE FL 32080</b>  |   |
| 2. Principal Place of Business  |   | 3. Mailing Address   |   |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |   |
| City & State  |   | City & State   |   |
| Zip   |   | Country  |   |
| 4. FEI Number<br><b>59-2537806</b>  |   | Applied For<br><input type="checkbox"/> Not Applicable   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   | <b>\$8.75 Additional<br/>Fee Required</b>  |   |
| <b>6. Name and Address of Current Registered Agent</b>  |   | <b>7. Name and Address of New Registered Agent</b>   |   |
| <b>GEIER, JOHN R<br/>4475 US 1 SOUTH<br/>406<br/>ST. AUGUSTINE FL 32086</b>   |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.   |   |  |   |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |  |   |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2004</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |   |
| <b>Make Check Payable to<br/>Florida Department of State</b>  |   |  |   |
| <b>10. OFFICERS AND DIRECTORS</b>   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>VP</b><br>CARR, PHILIP<br>VILLAGE DEL PRADO CIRCLE<br>ST AUGUSTINE FL 32080 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>PD</b><br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>PD</b><br>HACK, AL<br>87 VILLAGE DEL PRADO CIRCLE<br>ST AUGUSTINE FL 32080 <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>D</b><br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <del><b>RSD</b><br/>STELBRINK, DAVID<br/>7917 MCLAURIN RD N<br/>JACKSONVILLE FL 32256 <input type="checkbox"/> Delete</del> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <del><b>S.D</b><br/><input type="checkbox"/> Change <input type="checkbox"/> Addition</del> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>VP</b><br>JOHNSON, CHARLES<br>3297 TURTLE CRK RD<br>SAINT AUGUSTINE FL 32084 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>VD</b><br><input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>D</b><br>MCCORMACK, JOHN<br>34 VILLAGE DEL PRADO CIRCLE<br>ST AUGUSTINE FL 32080 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>D</b><br>JOHNSTON, JANE<br>101 VILLAGE DEL PRADO CIRCLE<br>ST. AUGUSTINE FL 32080 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |
| 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. |   |  |   |
| <b>SIGNATURE:</b>    |   | Date: <b>4-24-04</b> Daytime Phone #: <b>904-471-3075</b>  |   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |  |   |