


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2007 8:00 am
Secretary of State

07-30-2007 90064 020 ****61.25

DOCUMENT # N05866

1. Entity Name
THE OCEAN GALLERY VILLAGE DEL PRADO CONDOMINIUM ASSOCIATION, INC.



60053831



Principal Place of Business
4600 A1A SOUTH SAINT AUGUSTINE, FL 32080

Mailing Address
4600 A1A SOUTH SAINT AUGUSTINE, FL 32080

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

07172007 Chg-NP CR2E037 (12/06)

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 32086

7. Name and Address of New Registered Agent

Name **Geoffrey H. Dobson**

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

City **St Augustine** FL Zip Code **32084**

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 *Geoffrey H. Dobson* DATE July 17, 2007

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida 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	D	<input type="checkbox"/> Delete
NAME	HACK, AL	
STREET ADDRESS	87 VILLAGE DEL PRADO CIRCLE	
CITY-ST-ZIP	ST AUGUSTINE, FL 32080	
TITLE	PD	<input type="checkbox"/> Delete
NAME	STELBRINK, DAVID	
STREET ADDRESS	7917 MCLAURIN RD N	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JOHNSON, CHARLES	
STREET ADDRESS	3297 TURTLE CRK RD	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084	
TITLE	SD	<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		<input 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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carol McGee	
STREET ADDRESS	93 Village Del Prado Circle	
CITY-ST-ZIP	St Augustine, FL 32080	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stamatelos, Alex	
STREET ADDRESS	78 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 exemptions contained 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 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: *Charles E. Johnson* Date 7-20-07 Daytime Phone # 471-6655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR