

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2003 8:00 am**  
**Secretary of State**

05-13-2003 90132 001 \*\*\*306.25

0000681

DOCUMENT # **N05866**

1. Entity Name

**THE OCEAN GALLERY VILLAGE DEL PRADO CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business

**4600 A1A SOUTH  
ST. AUGUSTINE FL 32086**

*32080*

Mailing Address

**4600 A1A SOUTH  
ST. AUGUSTINE FL 32086**

*32080*

**33040630**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2537806**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GEIER, JOHN R  
4475 US 1 SOUTH  
406  
ST. AUGUSTINE FL 32086**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD**  Delete  
NAME **CARR, PHILIP**  
STREET ADDRESS **VILLAGE DEL PRADO CIRCLE**  
CITY-ST-ZIP **ST AUGUSTINE FL 32080**

TITLE **VD**  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD**  Delete  
NAME **HACK, AL**  
STREET ADDRESS **87 VILLAGE DEL PRADO CIRCLE**  
CITY-ST-ZIP **ST AUGUSTINE FL 32080**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD**  Delete  
NAME ~~**MACDONALD, JOE**~~  
STREET ADDRESS ~~**31 VILLAGE DEL PRADO CIRCLE**~~  
CITY-ST-ZIP ~~**ST AUGUSTINE FL 32080**~~

TITLE **D**  Change  Addition  
NAME **Stelbrink, David**  
STREET ADDRESS **7917. McLaurin Rd N.**  
CITY-ST-ZIP **Jacksonville, FL 32256**

TITLE **SD**  Delete  
NAME **JOHNSON, CHARLES**  
STREET ADDRESS **3297 TURTLE CRK RD**  
CITY-ST-ZIP **SAINT AUGUSTINE FL 32084**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **MCCORMACK, JOHN**  
STREET ADDRESS **34 VILLAGE DEL PRADO CIRCLE**  
CITY-ST-ZIP **ST AUGUSTINE FL 32080**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **JOHNSTON, JANE**  
STREET ADDRESS **101 VILLAGE DEL PRADO CIRCLE**  
CITY-ST-ZIP **ST. AUGUSTINE FL 32080**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 OF ALFRED T. HACK*

CR2E037 (10/02)