

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 02, 2005 8:00 am**  
**Secretary of State**

08-02-2005 90033 007 \*\*\*\*61.25

<b>DOCUMENT # N39531</b> 1. Entity Name OCEAN OAKS HOMEOWNERS ASSOCIATION OF ST. AUGUSTINE BEACH, INC.			
Principal Place of Business 714 MICKLER BLVD ST. AUGUSTINE, FL 32080 US		Mailing Address 714 MICKLER BLVD ST. AUGUSTINE, FL 32080 US	
2. Principal Place of Business 36 OCEAN COURT Suite, Apt. #, etc.		3. Mailing Address 36 OCEAN COURT Suite, Apt. #, etc.	
City & State ST. AUGUSTINE, FL Zip 32080 Country U.S.A.		City & State ST. AUGUSTINE, FL Zip 32080 Country U.S.A.	
4. FEI Number 59-2811335		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  GORICK, ROBERT 714 MICKLER BLVD ST. AUGUSTINE, FL 32080		7. Name and Address of New Registered Agent Name THOMAS FROST Street Address (P.O. Box Number is Not Acceptable) 36 OCEAN COURT City ST. AUGUSTINE FL Zip Code 32080	
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 <u>THOMAS FROST</u> TREASURER 7/29/05 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering))</small>			
Filing Fee is \$81.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE VPD NAME WELSH, MARK STREET ADDRESS 5 SURFCREST DRIVE CITY-ST-ZIP ST. AUGUSTINE, FL 32080	<input checked="" type="checkbox"/> Delete	TITLE J.P.D. NAME TED McLEMORE STREET ADDRESS 1 NORTH TRIDENT PLACE CITY-ST-ZIP ST. AUGUSTINE, FL 32080	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P NAME SCHMALKUCHE, FRED STREET ADDRESS 19 SUNFISH DRIVE CITY-ST-ZIP ST. AUGUSTINE, FL 32080	<input type="checkbox"/> Delete	TITLE TD NAME THOMAS FROST STREET ADDRESS 36 OCEAN COURT CITY-ST-ZIP ST. AUGUSTINE, FL 32080	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME GORICK, ROBERT R STREET ADDRESS 714 MICKLER BLVD CITY-ST-ZIP ST. AUGUSTINE, FL 32080	<input checked="" type="checkbox"/> Delete	TITLE SD NAME DEBORAH DROZD STREET ADDRESS 1 BEACH STREET CITY-ST-ZIP ST. AUGUSTINE, FL 32080	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME GALANTOWICZ, RICHARD STREET ADDRESS 49 OCEAN COURT CITY-ST-ZIP ST. AUGUSTINE, FL 32080	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.			
SIGNATURE: <u>THOMAS FROST</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 7/29/05 Daytime Phone # 904 471 5692	

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