

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90015 023 \*\*\*\*61.25

**DOCUMENT # N99000001549**

1. Entity Name  
OCEAN GATE PHASE I CONDOMINIUM ASSOCIATION,  
INC.



Principal Place of Business  
C/O JACOBS, JACOBS & ASSOC.  
461 A1A BEACH BLVD.  
ST. AUGUSTINE, FL 32080

Mailing Address  
C/O JACOBS, JACOBS & ASSOC.  
461 A1A BEACH BLVD.  
ST. AUGUSTINE, FL 32080

40021854



01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
59-3634061

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

JACOBS, PHILIP H  
461 A1A BEACH BLVD.  
10 OCEAN TRACE RD  
ST AUGUSTINE, FL 32080

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD BARROW, HOMER 205 E. MAIN ST BUTLER, GA 310060072
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ROBINSON, JIM 2946 DUPONT AVE. JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD NELSON, JOHN 5813 NW 3RD ST. GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** John Nelson John Nelson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/24/6