

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90033 038 ****61.25

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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



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01232008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

59-3634061

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

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

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

Filing Fee is \$61.25
Due by May 1, 2008

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 VPD ☐ Delete
NAME BARROW, HOMER
STREET ADDRESS 205 E. MAIN ST
CITY-ST-ZIP BUTLER, GA 310060072

TITLE PD ☒ Delete
NAME ROBINSON, JIM
STREET ADDRESS 2946 DUPONT AVE.
CITY-ST-ZIP JACKSONVILLE, FL 32217

TITLE TSD ☒ Delete
NAME NELSON, JOHN
STREET ADDRESS 5813 NW 3RD ST.
CITY-ST-ZIP GAINESVILLE, FL 32653

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Change ☒ Addition
NAME **Rachel Maloney**
STREET ADDRESS **2142 N. Kenmore**
CITY-ST-ZIP **Chicago, IL 60614**

TITLE **T** ☐ Change ☒ Addition
NAME **Christina Williams**
STREET ADDRESS **2025 NW 24th Ave**
CITY-ST-ZIP **Gainesville FL 32605**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

Christina Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/08
DATE

Daytime Phone #