

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000001549

**FILED**  
**Jan 25, 2012**  
**Secretary of State**

**Entity Name:** OCEAN GATE PHASE I CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

125 OCEAN HIBISCUS DRIVE  
ST. AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

125 OCEAN HIBISCUS DRIVE  
ST. AUGUSTINE, FL 32080

**New Mailing Address:**

**FEI Number:** 59-3634061

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SELLERS, CATHLEEN M  
125 OCEAN HIBISCUS DRIVE  
ST AUGUSTINE, FL 32080 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VPD  
Name: BARROW, HOMER  
Address: 205 E. MAIN ST  
City-St-Zip: BUTLER, GA 310060072

Title: P  
Name: MALUEG, RACHEL  
Address: 4830 PINE DRIVE  
City-St-Zip: MIAMI, FL 33143

Title: W=T  
Name: WILLIAMS, CHRISTINA  
Address: 2025 NW 24TH AVE  
City-St-Zip: GAINESVILLE, FL 32605

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RACHEL MALUEG

P

01/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date