

FILE NOW: FILING FEE IS \$61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N00313 (9)
 1. Corporation Name
THE OCEAN GALLERY VILLAGE DEL LAGO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 4600 A1A SOUTH ST. AUGUSTINE FL 32084	Mailing Address 4600 A1A SOUTH ST. AUGUSTINE FL 32084
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3. Date Incorporated or Qualified 12/13/1983	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2491346	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

9. Name and Address of Current Registered Agent

**JONES, KATHERINE G.
 780 NORTH PONCE DE LEON BLVD.
 ST. AUGUSTINE FL 32085**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-stating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, ELIZABETH	1.2 NAME	
STREET ADDRESS	4600 HWY A1A S VDL 2-3	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	1.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STERLING, LUANN	2.2 NAME	Jeannette Barnes
STREET ADDRESS	4-1 DEL LAGO	2.3 STREET ADDRESS	4600 A1A S., VDL B-7
CITY-ST-ZIP	ST AUGUSTINE FL	2.4 CITY-ST-ZIP	St. Augustine FL 32084
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLATT, LETTIE	3.2 NAME	
STREET ADDRESS	7-4 DEL LAGO	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOVILLE, FRED	4.2 NAME	
STREET ADDRESS	3-3 DEL LAGO	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLANT REUBEN	5.2 NAME	
STREET ADDRESS	4600 HWY, A1A, S., VDL 8-4	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NULLETT, WALTER	6.2 NAME	
STREET ADDRESS	4-2 DEL LAGO	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Charles J. Naber* Charles J. Naber 4-29-96 904/471-6655
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE037 (12/95)

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The Ocean Gallery Village Del Lago Condominium Association,
Inc.
1996 Nonprofit Corporation Annual Report

TD
Charles Naber
4600 Highway A1A, South
VDL 3-7
St. Augustine, FL 32084

(Addition)