


FILE NOW: FILING FEE IS \$61.25

FILED  
May 16 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **N00313** (9)

1. Corporation Name  
**THE OCEAN GALLERY VILLAGE DEL LAGO CONDOMINIUM ASSOCIATION, INC.**



|   |  |
|---|--|
| Principal Place of Business<br><b>4600 A1A SOUTH<br/>ST. AUGUSTINE FL 32084</b> | Mailing Address<br><b>4600 A1A SOUTH<br/>ST. AUGUSTINE FL 32084-9478</b> |
|---|--|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>12/13/1983</b> | 3a. Date of Last Report<br><b>05/01/1996</b> |
|--|--|

|   |                           |  |                                       |
|---|---------------------------|--|---------------------------------------|
| 2. Principal Place of Business<br>21  | 2a. Mailing Address<br>26 | 4. FEI Number<br><b>59-2491346</b>   | Applied For<br>Not Applicable         |
| Suite, Apt. #, etc.<br>22   | Suite, Apt. #, etc.<br>27 | 5. Certificate of Status Desired<br><input type="checkbox"/>                       | <b>\$8.75 Additional Fee Required</b> |
| City & State<br>23  | City & State<br>28        | 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/> | <b>\$5.00 May Be Added to Fees</b>    |
| Zip<br>24   | Country<br>25             | Zip<br>29  | Country<br>30                         |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                           |  |                                       |

|  |  |   |                       |
|--|--|---|-----------------------|
| 9. Name and Address of Current Registered Agent<br><b>JONES, KATHERINE G.<br/>780 NORTH PONCE DE LEON BLVD.<br/>ST. AUGUSTINE FL 32085</b> |  | 10. Name and Address of New Registered Agent          |                       |
|  |  | 81 Name   |                       |
|  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |                       |
|  |  | 83  |                       |
|  |  | 84 City   | <b>FL</b> 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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

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

14. I do 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 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 Naber Date: 964/471-6655  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0001344

CR2E037 (9/96)