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May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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

3. Date Incorporated or Qualified: 12/13/1983
4. FEI Number: 59-2491346
Applied For: Not Applicable

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

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
JONES, KATHERINE G.
760 NORTH PONCE DE LEON BLVD.
ST. AUGUSTINE FL 32085

10. Name and Address of New Registered Agent
81 Name: John R. Geiger
82 Street Address (P.O. Box Number is Not Acceptable): 4475 US 1 South #406
83
84 City: St. Augustine, FL 85 Zip Code: 32086

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: *John R. Geiger* John R. Geiger April 29, 1998
Signature, typed, printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MORRIS, ELIZABETH	
STREET ADDRESS	4600 HWY A1A S VDL 2-3	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARNES, JEANNETTE	
STREET ADDRESS	4600 A1A SOUTH, VDL 8-7	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	NABER, CHARLES	
STREET ADDRESS	4600 A1A SOUTH VDL 3-7	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SCOVILLE, FRED	
STREET ADDRESS	3-3 DEL LAGO	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PLANT REUBEN	
STREET ADDRESS	4600 HWY, A1A, S., VDL 8-4	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MULLETT, WALTER	
STREET ADDRESS	4-2 DEL LAGO	
CITY-ST-ZIP	ST AUGUSTINE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jordan, Michael	
1.3 STREET ADDRESS	4600 HWY A1A South VDL 6-4	
1.4 CITY-ST-ZIP	St. Augustine, FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Nullet, Walter	
6.3 STREET ADDRESS	4600 HWY, A1A South VDL 4-2	
6.4 CITY-ST-ZIP	St. Augustine, FL	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Walter Nullet* Walter Nullet 4/29/98 471-6655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0001448

CR2E037 (10/97)