

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90465 001 \*\*\*306.25

**DOCUMENT # N00313**

1. Entity Name  
**THE OCEAN GALLERY VILLAGE DEL LAGO CONDOMINIUM A**

Principal Place of Business 4600 A1A SOUTH ST. AUGUSTINE FL 32084	Mailing Address 4600 A1A SOUTH ST. AUGUSTINE FL 32084-9478
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-2491346</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
**GEIGER, JOHN R**  
**4475 US 1 SOUTH**  
**406**  
**ST. AUGUSTINE FL 32086**

7. Name and Address of New Registered Agent  
 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE SD NAME MORRIS, ELIZABETH STREET ADDRESS 4600 HWY A1A S VDL 2-3 CITY-ST-ZIP SAINT AUGUSTINE FL 32084	<input type="checkbox"/> Delete
TITLE TD NAME SHANLEY, SANDRA STREET ADDRESS 4600 HWY A1A S VDL 10-2 CITY-ST-ZIP SAINT AUGUSTINE FL 32084	<input type="checkbox"/> Delete
TITLE P NAME NABER, CHARLES STREET ADDRESS 4600 A1A SOUTH VDL 3-7 CITY-ST-ZIP SAINT AUGUSTINE FL 32084	<input type="checkbox"/> Delete
TITLE D NAME SCOVILLE, FRED STREET ADDRESS 4600 HWY A1A S VDL 3-3 CITY-ST-ZIP SAINT AUGUSTINE FL 32084	<input type="checkbox"/> Delete
TITLE PD NAME PLANT REUBEN STREET ADDRESS 4600 HWY, A1A, S., VDL 8-4 CITY-ST-ZIP SAINT AUGUSTINE FL 32084	<input type="checkbox"/> Delete
TITLE D NAME NULLETT, WALTER STREET ADDRESS 4600 HWY A1A SOUTH VDL 4-2 CITY-ST-ZIP SAINT AUGUSTINE FL 32084	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD NAME SHANLEY SANDRA STREET ADDRESS 4600 A1A S, VDL 10-2 CITY-ST-ZIP ST. AUGUSTINE, FL 32084	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME NABER, CHARLES STREET ADDRESS 4600 A1A S, VDL 3-7 CITY-ST-ZIP ST. AUGUSTINE, FL 32084	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME DeVALE, DONALD STREET ADDRESS 4600 A1A S, VDL 2-4 CITY-ST-ZIP ST. AUGUSTINE, FL 32084	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 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: *Signature of Walter Nullett* 4-19-00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)