

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 19, 2002 8:00 am**  
**Secretary of State**

06-19-2002 90473 001 \*\*\*306.25

**DOCUMENT # N00313**

1. Entity Name

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

Principal Place of Business

Mailing Address

4800 A1A SOUTH  
ST. AUGUSTINE FL 32084

4800 A1A SOUTH  
ST. AUGUSTINE FL 32084

94083



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2491346

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GEIGER, JOHN R**  
**4475 US 1 SOUTH**  
**406**  
**ST. AUGUSTINE FL 32088**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  Delete  
 NAME **SHANLEY, SANDRA**  
 STREET ADDRESS **102 VILLAGE DEL LAGO CIRCLE**  
 CITY-ST-ZIP **ST AUGUSTINE FL 32080**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **NABER, CHARLE**  
 STREET ADDRESS **37 VILLAGE DEL LAGO CIRCLE**  
 CITY-ST-ZIP **ST AUGUSTINE FL 32080**

TITLE **TD**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **JORDAN, G MICHAEL**  
 STREET ADDRESS **64 VILLAGE DEL LAGO CIRCLE**  
 CITY-ST-ZIP **ST AUGUSTINE FL 32080**

TITLE **SD**  Change  Addition  
 NAME **DALETSKI, WILLIAM**  
 STREET ADDRESS **9712 WILLOW LAKES ROAD**  
 CITY-ST-ZIP **HARVARD, IL 60033**

TITLE **D**  Delete  
 NAME **SCOVILLE, FRED**  
 STREET ADDRESS **33 VILLAGE DEL LAGO CIRCLE**  
 CITY-ST-ZIP **ST AUGUSTINE FL 32080**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **PLANT REUBEN**  
 STREET ADDRESS **84 VILLAGE DEL LAGO CIRCLE**  
 CITY-ST-ZIP **ST AUGUSTINE FL 32080**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD**  Delete  
 NAME **MULLETT, WALTER**  
 STREET ADDRESS **42 VILLAGE DEL LAGO CIRCLE**  
 CITY-ST-ZIP **ST AUGUSTINE FL 32080**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4-23-02** Daytime Phone #: **(904) 471-6655**

CR2E037 (9/01)

ATTACHMENT

Resident Directory

Village Del Lago

SCOVILLE/JOSEPH & JESSIE  
33 VILLAGE DEL LAGO CIRCLE  
ST. AUGUSTINE, FL 32080

Night: 904/471-2560

9 408

NABER/CHARLES & KATHERINE  
37 VILLAGE DEL LAGO CIRCLE  
ST. AUGUSTINE, FL 32080

Day: 904/824-3333  
Night: 904/471-6401

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NULLET/WALTER & JANET  
42 VILLAGE DEL LAGO CIRCLE  
ST. AUGUSTINE, FL 32080

Night: 904/461-0255

DALETSKI, WILLIAM & SYLVIA  
9712 WILLOW LAKES ROAD  
HARVARD, IL 60033

Day: 312/827-8871  
Night: 815/943-1020

PLANT/DR. AND MRS. REUBEN  
84 VILLAGE DEL LAGO CIRCLE  
ST. AUGUSTINE, FL 32080

Day: 904/824-3371  
Night: 904/471-3726

PARHAM/JAMES  
P.O. BOX 17743  
JACKSONVILLE, FL 32245

Day: 904/273-7890  
Pager: 874-9936 Cell

SHANLEY/THOMAS & SANDRA  
102 VILLAGE DEL LAGO CIRCLE  
ST. AUGUSTINE, FL 32080

Night: 904/461-4442