

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90155 015 \*\*\*\*61.25



**DOCUMENT # N00313**  
 1. Entity Name  
**THE OCEAN GALLERY VILLAGE DEL LAGO CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business: **4600 A1A SOUTH SAINT AUGUSTINE FL 32080**  
 Mailing Address: **4600 A1A SOUTH SAINT AUGUSTINE FL 32080**



2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State

4. FEI Number: **59-2491346**  
 Applied For:  Not Applicable

Zip: Country

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

1st MOORE CR2E037 (10/05)

**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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	SHANLEY, SANDRA	
STREET ADDRESS	102 VILLAGE DEL LAGO CIRCLE	
CITY-ST-ZIP	ST AUGUSTINE FL 32080	
TITLE	SD	<input type="checkbox"/> Delete
NAME	NABER, CHARLE	
STREET ADDRESS	37 VILLAGE DEL LAGO CIRCLE	
CITY-ST-ZIP	ST AUGUSTINE FL 32080	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DALETSKI, WILLIAM	
STREET ADDRESS	9712 WILLOW LAKES RD	
CITY-ST-ZIP	HARVARD IL 60033	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VILECE, DICK	
STREET ADDRESS	91 VILLAGE DEL LAGO CIR	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32080	
TITLE	D	<input type="checkbox"/> Delete
NAME	PLANT REUBEN	
STREET ADDRESS	84 VILLAGE DEL LAGO CIRCLE	
CITY-ST-ZIP	ST AUGUSTINE FL 32080	
TITLE	D	<input type="checkbox"/> Delete
NAME	NULLETT, WALTER	
STREET ADDRESS	42 VILLAGE DEL LAGO CIRCLE	
CITY-ST-ZIP	ST AUGUSTINE FL 32080	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: \_\_\_\_\_ DATE: **4-25-06 (901) 471 6655**