

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2007 8:00 am
Secretary of State

07-24-2007 90040 042 ****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 - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

40126833



07052007 Chg-NP CR2E037 (12/06)

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

**GEIGER, JOHN R
 4475 US 1 SOUTH
 406
 ST. AUGUSTINE, FL 32086**

7. Name and Address of New Registered Agent

Name **Geoffrey Dobson**
 Street Address (P.O. Box Number is Not Acceptable)
93 Orange Street
 City **St. Augustine** FL Zip Code **32084**

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 **John R. Geiger** **July 19, 2007**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by September 14, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kathleen Wiles	
STREET ADDRESS	Box 566	
CITY-ST-ZIP	Hampton Bays, NY 11946	
TITLE	TO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Naber, Charles	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	O	<input checked="" 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	SO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Doyle	
STREET ADDRESS	43 Village Del Lago Circle	
CITY-ST-ZIP	St. Augustine FL 32080	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: **Sandra J. Shanley** **7-19-07** **904-471-6655**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #