2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764539

Entity Name: THE OCEAN GALLERY VILLAGE LAS PALMAS CONDOMINIUMASSOCIATION, INC.

Current Principal Place of Business:

4600 A1A SOUTH
SAINT AUGUSTINE, FL 32080

Current Mailing Address:

4600 A1A SOUTH
SAINT AUGUSTINE, FL 32080

FEI Number: 59-2251265

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JACKSON LAW GROUP, LL.M., P.A.
100 WHETSTONE PLACE STE 101
ST AUGUSTINE, FL 32086 US

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: _____

Electronic Signature of Registered Agent   Date

Officer/Director Detail :

Title	VPD		Title	TD
Name	RYAN, RAY		Name	NOLAN, DONNA
Address	94 VILLAGE LAS PALMAS CIR		Address	95 VILLAGE LAS PALMAS CIRCLE
City-State-Zip:	SAINT AUGUSTINE FL 32080		City-State-Zip:	ST AUGUSTINE FL 32080
Title	D		Title	SD
Name	OSGARD, JAMES		Name	MEEHAN, PEGGY
Address	4332 NW 12TH PLACE		Address	33 VILLAGE LAS PALMAS
City-State-Zip:	GAINESVILLE FL 32605		City-State-Zip:	SAINT AUGUSTINE FL 32080
Title	D		Title	PD
Name	ROSENBLOOM, DAVID		Name	DOMKE, TIM
Address	15 VILLAGE LAS PALMAS CIR		Address	112 VILLAGE LAS PALMAS LANE
City-State-Zip:	SAINT AUGUSTINE FL 32080		City-State-Zip:	ST. AUGUSTINE FL 32080
Title	DIRECTOR			
Name	FERMENT, GEORGE			
Address	4600 A1A SOUTH			
City-State-Zip:	SAINT AUGUSTINE FL 32080			

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TIM DOMKE   PD   04/23/2013

Electronic Signature of Signing Officer/Director Detail   Date