ng Address:			
JTH STINE, FL 32080			
59-2251265		Certificate of Status Desire	d: No
dress of Current Registered Agent:			
SMAN AD FL 32082 US			
ntity submits this statement for the purpose of changing its regist	ered office or reais	tered agent, or both, in the State of Florida	
ntity submits this statement for the purpose of changing its regist EDWARD RONSMAN	ered office or regist	<b>G (</b>	
	ered office or regist	<b>G (</b>	4/02/2024 Date
EDWARD RONSMAN	ered office or regist	<b>G (</b>	4/02/2024
EDWARD RONSMAN Electronic Signature of Registered Agent	ered office or regist	<b>G ( )</b>	4/02/2024
EDWARD RONSMAN Electronic Signature of Registered Agent or Detail :		0	4/02/2024
EDWARD RONSMAN Electronic Signature of Registered Agent or Detail : /P	Title	DIRECTOR	4/02/2024 Date
EDWARD RONSMAN Electronic Signature of Registered Agent or Detail : /P RYAN, RAY	Title Name	0 DIRECTOR NOLAN, DONNA 95 VILLAGE LAS PALMAS CIRCLE	4/02/2024 Date
EDWARD RONSMAN Electronic Signature of Registered Agent or Detail : /P RYAN, RAY 94 VILLAGE LAS PALMAS CIR	Title Name Address	0 DIRECTOR NOLAN, DONNA 95 VILLAGE LAS PALMAS CIRCLE	4/02/2024 Date
EDWARD RONSMAN Electronic Signature of Registered Agent or Detail : /P RYAN, RAY 94 VILLAGE LAS PALMAS CIR SAINT AUGUSTINE FL 32080	Title Name Address City-State-Zip:	0 DIRECTOR NOLAN, DONNA 95 VILLAGE LAS PALMAS CIRCLE ST AUGUSTINE FL 32080	4/02/2024 Date
	JTH STINE, FL 32080 59-2251265 dress of Current Registered Agent:	JTH STINE, FL 32080 59-2251265 dress of Current Registered Agent:	JTH STINE, FL 32080 59-2251265 Certificate of Status Desire dress of Current Registered Agent:

2024 FLORIDA NOT FOR PROFIT	CORPORATION ANNUAL REPORT

DOCUMENT# 764539

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

**Current Principal Place of Business:** 

4600 A1A SOUTH SAINT AUGUSTINE, FL 32080

FILED Apr 02, 2024 Secretary of State 5419771930CC

## 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: SHERRI L JOHNSON

City-State-Zip: ST AUGUSTINE FL 32080

**GENERAL MGR** 

City-State-Zip: ST. AUGUSTINE FL 32080

04/02/2024

Electronic Signature of Signing Officer/Director Detail

litle	VP	litle	DIRECTOR
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	SECRETARY	Title	PRESIDENT
Name	OSGARD, JAMES	Name	ROSENBLOOM, DAVID
Address	4332 NW 12TH PLACE	Address	15 VILLAGE LAS PALMAS CIR
City-State-Zip:	GAINESVILLE FL 32605	City-State-Zip:	SAINT AUGUSTINE FL 32080
Title	TREASURER	Title	DIRECTOR
Name	WOOD, VENESSA	Name	KNOWLES, JONATHAN
Name Address	WOOD, VENESSA 1528 STATFORD COURT	Name Address	KNOWLES, JONATHAN 387 GIANNA WAY
Address	1528 STATFORD COURT	Address City-State-Zip:	387 GIANNA WAY ST AUGUSTINE FL 32086
Address	1528 STATFORD COURT	Address	387 GIANNA WAY
Address City-State-Zip:	1528 STATFORD COURT SAINT JOHNS FL 32259	Address City-State-Zip:	387 GIANNA WAY ST AUGUSTINE FL 32086
Address City-State-Zip: Title	1528 STATFORD COURT SAINT JOHNS FL 32259 GENERAL MANAGER	Address City-State-Zip: Title	387 GIANNA WAY ST AUGUSTINE FL 32086 DIRECTOR