

2014 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 VP
Name RYAN, RAY
Address 94 VILLAGE LAS PALMAS CIR
City-State-Zip: SAINT AUGUSTINE FL 32080

Title D
Name OSGARD, JAMES
Address 4332 NW 12TH PLACE
City-State-Zip: GAINESVILLE FL 32605

Title D
Name ROSENBLOOM, DAVID
Address 15 VILLAGE LAS PALMAS CIR
City-State-Zip: SAINT AUGUSTINE FL 32080

Title DIRECTOR
Name FERMENT, GEORGE
Address 4600 A1A SOUTH
City-State-Zip: SAINT AUGUSTINE FL 32080

Title TREASURER
Name NOLAN, DONNA
Address 95 VILLAGE LAS PALMAS CIRCLE
City-State-Zip: ST AUGUSTINE FL 32080

Title SECRETARY
Name MEEHAN, PEGGY
Address 33 VILLAGE LAS PALMAS
City-State-Zip: SAINT AUGUSTINE FL 32080

Title PRESIDENT
Name DOMKE, TIM
Address 112 VILLAGE LAS PALMAS LANE
City-State-Zip: ST. 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: TIMOTHY DOMKE**PRESIDENT****02/06/2014**

Electronic Signature of Signing Officer/Director Detail

Date