

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764540

FILED
Jan 22, 2016
Secretary of State
CC6170485902**Entity Name:** THE OCEAN GALLERY PROPERTY OWNERS ASSOCIATION, 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: 59-2856970****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**JACKSON LAW GROUP, LL.M., P.A.
1301 PLANTATION ISLAND DRIVE, SUITE 304
ST AUGUSTINE, FL 32080 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	EXECUTIVE SECRETARY
Name	BENNETT, PAUL
Address	108 VILLAGE DEL LAGO LANE
City-State-Zip:	SAINT AUGUSTINE FL 32080

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

Title	VP
Name	WILES, KATHLEEN
Address	BOX 566
City-State-Zip:	HAMPTON BAYS NY 11946

Title	TREASURER
Name	NOEGEL, CAROL
Address	310 PACIFICA VISTA WAY
City-State-Zip:	SAINT AUGUSTINE FL 32080

Title	PRESIDENT
Name	BELZ, RAY
Address	5401 LEE AVENUE
City-State-Zip:	DOWNERS GROVE IL 60515

Title	DIRECTOR
Name	HARBOURT, CAROLYN
Address	310 AEGEAN VISTA WAY
City-State-Zip:	SAINT AUGUSTINE FL 32080

Title	DIRECTOR
Name	STOKLOSA, LESLIE
Address	165 GREEENTREE
City-State-Zip:	TONAWANDA NY 14150

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: RAYMOND BELZ**PRESIDENT****01/22/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date