

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00313

Entity Name: THE OCEAN GALLERY VILLAGE DEL LAGO CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**4600 A1A SOUTH
SAINT AUGUSTINE, FL 32080**Current Mailing Address:**4600 A1A SOUTH
SAINT AUGUSTINE, FL 32080 UN**FEI Number: 59-2491346****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCCABE & RONSMAN
111 SOLANA ROAD
SUITE B
PONTE VEDRA BEACH, FL 32082 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: EDWARD RONSMAN****02/15/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title V
Name JANE, DENNIS
Address 4035 HICKORY FAIRWAY DRIVE
City-State-Zip: WOODSTOCK GA 30188

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

Title DIRECTOR
Name RICHARDS, DONALD
Address 107 VILLAGE DEL LAGO CIRCLE
City-State-Zip: ST AUGUSTINE FL 32080

Title DIRECTOR
Name KRUG, GAYLE
Address 55 VILLAGE DEL LAGO CIRCLE
City-State-Zip: ST AUGUSTINE FL 32080

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

Title PRESIDENT
Name MOFRAN, JOHN
Address 4600 A1A SOUTH
City-State-Zip: SAINT AUGUSTINE FL 32080

Title TREASURER
Name KRALY, CAROLYN
Address 81 VILLAGE DEL LAGO CIRCLE
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: JOHN MOFRAN**PRESIDENT****02/15/2019**

Electronic Signature of Signing Officer/Director Detail

Date