

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00313

**FILED**  
**Jan 12, 2018**  
**Secretary of State**  
**CC9687822185**

**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:**

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           TREASURER  
Name           SHANLEY, SANDRA  
Address        102 VILLAGE DEL LAGO CIRCLE  
City-State-Zip: ST AUGUSTINE FL 32080

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

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

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

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

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

Title           DIRECTOR  
Name           HEYER, MELINDA  
Address        35 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**

**01/12/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date