

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00313

**Entity Name:** THE OCEAN GALLERY VILLAGE DEL LAGO CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 01, 2023**  
**Secretary of State**  
**4053210887CC**

**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  
110 SOLANA ROAD  
SUITE 102  
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**

**03/01/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title SECRETARY  
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 KRALY, CAROLYN  
Address 81 VILLAGE DEL LAGO CIRCLE  
City-State-Zip: ST AUGUSTINE FL 32080

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

Title GENERAL MANAGER  
Name JOHNSON, SHERRI  
Address 4600 A1A SOUTH  
City-State-Zip: SAINT AUGUSTINE FL 32080-7440

Title DIRECTOR  
Name CAVA, SAMUEL  
Address 700 SADDLEBACK CIRCLE  
City-State-Zip: BRIDGEPORT WV 26330

Title DIRECTOR  
Name MCKEE, ROBERT  
Address 305 ZINNIA STREET  
City-State-Zip: WEST LAFAYETTE IN 47906

*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**

**GM**

**03/01/2023**

Electronic Signature of Signing Officer/Director Detail

Date