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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 17, 1999 8:00 am  
Secretary of State

03-17-1999 90144 035 \*\*\*\*61.25

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DOCUMENT # 729856

1. Corporation Name

ORTEGA BOULEVARD CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

4242 ORTEGA BLVD  
STE 11  
JACKSONVILLE FL 32210  
US

Mailing Address

P O BOX 68, ORTEGA STA  
JACKSONVILLE FL 32210  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/05/1974

4. FEI Number

59-1556921

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

WATERS, JAMES B. JR.  
4242 ORTEGA BLVD #11  
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME HENDERSON, BETTY  
STREET ADDRESS 4242 ORTEGA BLVD., #12  
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE PD ☐ DELETE  
NAME WARNOCK, ERNESTINE  
STREET ADDRESS 4242 ORTEGA BLVD., #7  
CITY-ST-ZIP JACKSONVILLE FL

TITLE SD ☐ DELETE  
NAME TANNER, DORCAS  
STREET ADDRESS 4242 ORTEGA BLVD #16  
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE D ☐ DELETE  
NAME LORBEER, CLAIRE R  
STREET ADDRESS 4242 ORTEGA BLVD #9  
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE D ☐ DELETE  
NAME KINNEY, ALFRED L.  
STREET ADDRESS 4242 ORTEGA BLVD #2  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Betty Henderson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/99 904-389-6523  
Date Daytime Phone #

CR2E037 (11/98)