

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



**FLORIDA DEPARTMENT OF STATE**  
Sandra B. Motham  
Secretary of State  
DIVISION OF CORPORATIONS

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 APR 12 PM 11:54

**DOCUMENT # N18064 (8)**

1. Corporation Name

**THE ORTEGA ISLAND ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**4403 SHERWOOD RD  
JACKSONVILLE FL 32210  
US**

**% DEBORA M CARSWELL  
4403 SHERWOOD RD  
JACKSONVILLE FL 32210  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/03/1986</b>	3a. Date of Last Report <b>02/21/1994</b>
4. FEI Number <b>59-3145065</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>4641 Ortega Island Drive</b>	28 <b>c/o Andrew M. Romer</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 <b>Jacksonville, FL</b>	28 <b>Jacksonville, FL</b>
24 <b>32210</b>	29 <b>32210</b>
25 <b>USA</b>	30 <b>USA</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>HOUSTON, CLARENCE H JR. % ULMER, MURCHISON, ASHBY &amp; TAYLOR 200 W. FORSYTH ST., SUITE 1600 JACKSONVILLE FL 32202</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 907.0502 and 907.1506, 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 907.0505, Florida Statutes.

SIGNATURE: *Andrew M. Romer* (NOTE: Registered Agent signature required when registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	11 TITLE	<b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOOMIS, HENRY</b>	12 NAME	<b>Loomis, Jacqueline</b>
STREET ADDRESS	<b>4661 ORTEGA ISLD DR</b>	13 STREET ADDRESS	<b>4661 Ortega Island Drive</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	14 CITY - ST - ZIP	<b>Jacksonville, FL 32210</b>
TITLE	<b>DST</b>	21 TITLE	<b>DST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARSWELL, DEBORA M</b>	22 NAME	<b>Andrew M. Romer</b>
STREET ADDRESS	<b>4403 SHERWOOD ROAD</b>	23 STREET ADDRESS	<b>4641 Ortega Island Drive</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL 32210</b>	24 CITY - ST - ZIP	<b>Jacksonville, FL 32210</b>
TITLE	<b>DP</b>	31 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PULIGNANO, NICHOLAS V JR.</b>	32 NAME	<b>Robert Hepler</b>
STREET ADDRESS	<b>4661 ORTEGA ISLAND DRIVE</b>	33 STREET ADDRESS	<b>4548 Ortega Island Drive</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL 32210</b>	34 CITY - ST - ZIP	<b>Jacksonville, FL 32210</b>
TITLE	<b>D</b>	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPRAGUE, RICHARD JR.</b>	42 NAME	
STREET ADDRESS	<b>2005 RIVERSIDE AVENUE</b>	43 STREET ADDRESS	
CITY - ST - ZIP	<b>JACKSONVILLE FL 32205</b>	44 CITY - ST - ZIP	
TITLE	<b>D</b>	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PHELAN, TIMOTHY</b>	52 NAME	
STREET ADDRESS	<b>4876 YACHT CLUB RD</b>	53 STREET ADDRESS	<b>4570 Ortega Island Drive</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	54 CITY - ST - ZIP	<b>Jacksonville, FL 32210</b>
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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, trustee or person 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.

SIGNATURE: *Andrew M. Romer* Andrew M. Romer 3/21/95 904-391-3400  
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)