FILE NOW: FILING FEE IS $61.25

FILED
Mar 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N18064** **(8)**

1. Corporation Name

THE ORTEGA ISLAND ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4641 ORTEGA ISLAND DRIVE JACKSONVILLE FL 32210 US	% ANDREW M. ROMER 4641 ORTEGA ISLAND DRIVE JACKSONVILLE FL 32210-7500 US

3. Date Incorporated or Qualified: 12/03/1986
3a. Date of Last Report: 04/25/1996

2. Principal Place of Business	2a. Mailing Address
21 Four Seasons Management	26 c/o Four Season
Suite, Apt. #, etc. 22 10036 Sawgrass Dr.	Suite, Apt. #, etc. 27 10036 Sawgrass Dr.
City & State 23 Ponte Vedra Beach, Fl.	City & State 28 Ponte Vedra Beach, Fl.
Zip / Country 24 32082 / 25	Zip / Country 29 32082 / 30

4. FEI Number: 59-3145065 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HOUSTON, CLARENCE H JR. % ULMER, MURCHISON, ASHBY & TAYLOR 200 W. FORSYTH ST., SUITE 1600 JACKSONVILLE FL 32202	81 Name: Four Seasons Management 82 Street Address (P.O. Box Number is Not Acceptable): 10036 Sawgrass Dr. 83 84 City: Ponte Vedra Beach FL 85 Zip Code: 32082

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: Donald Munch — 3/16/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP LOOMIS, JACQUELINE 4661 ORTEGA ISLAND DRIVE JACKSONVILLE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D Loomis, Jacqueline 4661 Ortega Island Drive Jacksonville, Fl.	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST ROMER, ANDREW M 4641 ORTEGA ISLAND DRIVE JACKSONVILLE FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DP Grimm, Reed W 4162 Churchwell Rd. Jacksonville, Fl.	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HEPLER, ROBERT 4548 ORTEGA ISLAND DRIVE JACKSONVILLE FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D Hepler, Ann 4548 Ortega Island Drive Jacksonville, Fl.	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPRAGUE, RICHARD JR. 2005 RIVERSIDE AVENUE JACKSONVILLE FL 32205	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D Towers, Kathy 1622 Avondale Ave. Jacksonville, Fl.	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PHELAN, TIMOTHY 4570 ORTEGA ISLAND DRIVE JACKSONVILLE FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D Phelan, Paula 4570 Ortega Island Dr. Jacksonville, Fl.	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/96)

14. I do 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.

SIGNATURE: Paula Read Phelan — PAULA READ PHELAN — 3/4/97 — (904) 389-1582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #(optional)