

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: FOUR SEASONS MANAGEMENT, 10036 SAWGRASS DRIVE, PONTE VEDRA BEACH FL 32082 US

Mailing Address: C/O FOUR SEASON, 10036 SAWGRASS DRIVE, PONTE VEDRA BEACH FL 32082 US

2. Principal Place of Business (21-24) and Mailing Address (25-28) fields with sub-fields for Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified: 12/03/1986

4. FEI Number: 59-3145065

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
FOUR SEASONS MANAGEMENT
10036 SAWGRASS DRIVE
~~200 W. FORSYTH ST., SUITE 1000~~
PONTE VEDRA BEACH FL 32082

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	DP
NAME	LOOMIS, JACQUELINE	1.2 NAME	Grimm, Reed W.
STREET ADDRESS	4861 ORTEGA ISLAND DRIVE	1.3 STREET ADDRESS	1301 Riverplace Blvd., Suite 1300
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	DST	2.1 TITLE	D
NAME	ROMER, ANDREW M	2.2 NAME	Towers, Kathy
STREET ADDRESS	4841 ORTEGA ISLAND DRIVE	2.3 STREET ADDRESS	4586 Ortega Island Dr.
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville, FL 32210
TITLE	D	3.1 TITLE	T
NAME	HEPLER, ANN	3.2 NAME	John Weyer
STREET ADDRESS	4548 ORTEGA ISLAND DRIVE	3.3 STREET ADDRESS	P.O. Box 44 4556 ORTEGA ISLAND
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	ORTEGA ISLAND DRIVE JACKSONVILLE, FL 32210
TITLE	D	4.1 TITLE	
NAME	SPRAGUE, RICHARD JR.	4.2 NAME	
STREET ADDRESS	2005 RIVERSIDE AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32205	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	PHELAN, PAULA	5.2 NAME	
STREET ADDRESS	4570 ORTEGA ISLAND DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE _____

CP2E037 (10/97)