

DOCUMENT # N18064

1/10/01

FILED  
Feb 09, 2001 8:00 am  
Secretary of State

01-10-2001 90060 038 \*\*\*61.25

1. Entity Name  
THE ORTEGA ISLAND ASSOCIATION, INC.

Principal Place of Business Mailing Address  
C/O JOHN WEYER C/O JOHN WEYER  
4556 ORTEGA ISLAND DR N P.O. BOX 104, ORTEGA STA  
JACKSONVILLE FL 32210 JACKSONVILLE FL 32210  
US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country  
4. FEI Number 59-3145065 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WEYER, JOHN  
4556 ORTEGA ISLAND DR N  
JACKSONVILLE FL 32210  
7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. 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: [Signature] John J. Weyer 1-04-01  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees  
Make Check Payable to Department of State  
FILE NOW: FEE IS \$61.25

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D NAME LOOMIS, JACQUELINE STREET ADDRESS 4661 ORTEGA ISLAND DRIVE CITY-ST-ZIP JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete	TITLE D NAME Weyer, John IV STREET ADDRESS P.O. Box 41, Ortega Station CITY-ST-ZIP Jacksonville, FL 32210	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DP NAME WEYER, JOHN STREET ADDRESS PO BOX 41 ORTEGA ISLAND STATION CITY-ST-ZIP JACKSONVILLE FL 32210	<input type="checkbox"/> Delete	TITLE D NAME Paula Phelan STREET ADDRESS 4570 Ortega Island Dr. CITY-ST-ZIP Jacksonville, FL 32210	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME HEPLER, ANN STREET ADDRESS 4548 ORTEGA ISLAND DRIVE CITY-ST-ZIP JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete	TITLE D NAME Bill D'Antignac STREET ADDRESS 4641 Ortega Island Dr CITY-ST-ZIP Jacksonville, FL 32210	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME SPRAGUE, RICHARD JR. STREET ADDRESS 2005 RIVERSIDE AVENUE CITY-ST-ZIP JACKSONVILLE FL 32205	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME PHELAN, PAULA STREET ADDRESS 4570 ORTEGA ISLAND DRIVE CITY-ST-ZIP JACKSONVILLE FL	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D/T NAME PULIGNANO, NICK STREET ADDRESS 4587 ORTEGA ISLAND DR CITY-ST-ZIP JACKSONVILLE FL 32210	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED John J. Weyer 1-04-01 (904) 387-1145  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/00)