

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2002 8:00 am
Secretary of State

01-18-2002 90010 012 ****61.25

DOCUMENT # N18064

1. Entity Name

THE ORTEGA ISLAND ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O JOHN WEYER
 4556 ORTEGA ISLAND DR N
 JACKSONVILLE FL 32210
 US

C/O JOHN WEYER
 P.O. BOX 104, ORTEGA STA
 JACKSONVILLE FL 32210
 US

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

7. Name and Address of New Registered Agent

WEYER, JOHN
4556 ORTEGA ISLAND DR N
JACKSONVILLE FL 32210

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEYER, JOHN III	
STREET ADDRESS	P O BOX 41 ORTEGA STATION	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	DP	<input type="checkbox"/> Delete
NAME	WEYER, JOHN	
STREET ADDRESS	PO BOX 41 ORTEGA ISLAND STATION	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PHELAN, PAULA	
STREET ADDRESS	4570 ORTEGA ISLAND DR	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input type="checkbox"/> Delete
NAME	D'ANTIGNAC, BILL	
STREET ADDRESS	4641 ORTEGA ISLAND DR	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOWNSEND, KEITH	
STREET ADDRESS	4590 ORTEGA ISLAND DR.	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOOMIS, JACQUE	
STREET ADDRESS	4661-ORTEGA ISLAND DR.	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, FRANK	
STREET ADDRESS	4559 ORTEGA ISLAND DR.	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPRAGUE, RICHARD	
STREET ADDRESS	4551 ORTEGA ISLAND DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PULIGNANO, NICK	
STREET ADDRESS	4567 ORTEGA ISLAND DR.	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 REQUIRED

1/18/02 9043871145

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)