


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 12, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N18064**  
 1. Entity Name  
 THE ORTEGA ISLAND ASSOCIATION, INC.




Principal Place of Business Mailing Address  
 C/O TOWNSEND, KEITH ORTEGA ISLAND HOA  
 4590 ORTEGA ISLAND DR P.O. BOX 104, ORTEGA STA  
 JACKSONVILLE FL 32210 JACKSONVILLE FL 32210  
 US US

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E037 (10/04)  
 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  
 TOWNSEND, KEITH  
 4590 ORTEGA ISLAND DR  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable

**FILE NOW: FEE IS \$61.25 Due By May 1, 2005**  
 9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees  
 Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	TOWNSEND, KEITH	
STREET ADDRESS	4590 ORTEGA ISLAND DR	
CITY - ST - ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEYER, JOHN	
STREET ADDRESS	4590 ORTEGA ISLAND DR	
CITY - ST - ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOOMIS, JACQUE	
STREET ADDRESS	4661 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	D	<input type="checkbox"/> Delete
NAME	MILLER, FRANK	
STREET ADDRESS	4559 ORTEGA ISLAND DR	
CITY - ST - ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPRAGUE, RICHARD	
STREET ADDRESS	4551 ORTEGA ISLAND DR	
CITY - ST - ZIP	JACKSONVILLE FL 32210	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U000000226913	
CITY - ST - ZIP	02/12/05-80035-015 61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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]* JK TOWNSEND 2/12/05 904-387-1145  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #