


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90073 030 ****61.25

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**



1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-3145065 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 _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
DP	TOWNSEND, KEITH	4590 ORTEGA ISLAND DR	JACKSONVILLE FL 32210	<input type="checkbox"/>
D	WEYER, JOHN	4590 ORTEGA ISLAND DR	JACKSONVILLE FL 32210	<input checked="" type="checkbox"/>
D	D'ANTIGNAC, BILL	4641 ORTEGA ISLAND DR	JACKSONVILLE FL 32210	<input type="checkbox"/>
D	MILLER, FRANK	4559 ORTEGA ISLAND DR	JACKSONVILLE FL 32210	<input checked="" type="checkbox"/>
D	SPRAGUE, RICHARD	4551 ORTEGA ISLAND DR	JACKSONVILLE FL 32210	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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]* **PRESIDENT** 2/15/07 904-399-4455