

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jun 23, 2009
Secretary of State**

DOCUMENT# N18064

Entity Name: THE ORTEGA ISLAND ASSOCIATION, INC.

Current Principal Place of Business:

C/O TOWNSEND, KEITH
4590 ORTEGA ISLAND DR
JACKSONVILLE, FL 32210 US

New Principal Place of Business:

Current Mailing Address:

C/O TOWNSEND, KEITH
4590 ORTEGA ISLAND DR
JACKSONVILLE, FL 32210 US

New Mailing Address:

FEI Number: 59-3145065 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TOWNSEND, KEITH
4590 ORTEGA ISLAND DR
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: TOWNSEND, KEITH
Address: 4590 ORTEGA ISLAND DR
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: D'ANTIGNAC, BILL
Address: 4641 ORTEGA ISLAND DR
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: SPRAGUE, RICHARD
Address: 4551 ORTEGA ISLAND DR
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH TOWNSEND

OFF

06/23/2009

Electronic Signature of Signing Officer or Director

_____ Date