

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90437 037 \*\*\*\*61.25

**DOCUMENT # N18064**

1. Entity Name  
**THE ORTEGA ISLAND ASSOCIATION, INC.**



Principal Place of Business  
**C/O JOHN WEYER  
4556 ORTEGA ISLAND DR N  
JACKSONVILLE FL 32210  
US**

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



2. Principal Place of Business  
**1/2 Townsend, Keith  
Suite, Apt. #, etc.  
4590 Ortega Island Dr  
City & State  
Jacksonville, FL  
Zip Country  
32210 Duval**

3. Mailing Address  
**Ortega Island HOA  
Suite, Apt. #, etc.  
P.O. Box 104, Ortega Sta  
City & State  
Jacksonville, FL  
Zip Country  
32210 Duval**

CHECK HERE IF MAKING CHANGES

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  
**Townsend, Keith**  
Street Address (P.O. Box Number is Not Acceptable)  
**4590 Ortega Island Drive**  
**Jacksonville**  
City  
**FL** Zip Code  
**32210**

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 **1/8/03**  
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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	<b>D TOWNSEND, KEITH</b> <input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>4590 ORTEGA ISLAND DR JACKSONVILLE FL 32210</b>
TITLE NAME	<b>DP WEYER, JOHN</b> <input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>PO BOX 41 ORTEGA ISLAND STATION JACKSONVILLE FL 32210</b>
TITLE NAME	<b>D LOOMIS, JACQUE</b> <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>4661 ORTEGA ISLAND DR JACKSONVILLE FL 32210</b>
TITLE NAME	<b>D D'ANTIGNAC, BILL</b> <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>4641 ORTEGA ISLAND DR JACKSONVILLE FL 32210</b>
TITLE NAME	<b>D MILLER, FRANK</b> <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>4559 ORTEGA ISLAND DR JACKSONVILLE FL 32210</b>
TITLE NAME	<b>D SPRAGUE, RICHARD</b> <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>4551 ORTEGA ISLAND DR JACKSONVILLE FL 32210</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>DP Townsend, Keith</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>4590 Ortega Island Drive Jacksonville, FL 32210</b>
TITLE NAME	<b>D Weyer, John</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>P.O. Box 41, Ortega Station Jacksonville, FL 32210</b>
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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: **1/8/03** **904387-1145**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)