

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729856

Entity Name: ORTEGA BOULEVARD CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**4242 ORTEGA BLVD.
UNIT #27
JACKSONVILLE, FL 32210**Current Mailing Address:**4242 ORTEGA BLVD.
UNIT #27
JACKSONVILLE, FL 32210 US**FEI Number:** 59-1556921**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILLINGHAM, BEN H.
4242 ORTEGA BLVD. UNIT 18
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JACKSONVILLE, FL 32210 US*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:** BEN WILLINGHAM

02/11/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP, DIRECTOR
Name	O'LEARY, TIMOTHY
Address	4242 ORTEGA BLVD #2
City-State-Zip:	JACKSONVILLE FL 32210-4445
Title	SECRETARY, DIRECTOR
Name	BARHET, SANDRA ANN
Address	4242 ORTEGA BLVD. UNIT 16
City-State-Zip:	JACKSONVILLE FL 32210-4448
Title	DIRECTOR
Name	WEBSTER, REBECCA MOLONEY
Address	4242 ORTEGA BLVD. UNIT #4
City-State-Zip:	JACKSONVILLE FL 32210-4445

Title	PRESIDENT, DIRECTOR
Name	WILLINGHAM, BEN H.
Address	4242 ORTEGA BLVD. 18
City-State-Zip:	JACKSONVILLE FL 32210-4449
Title	TREASURER, DIRECTOR
Name	SANFORD, DICKERMAN
Address	4242 ORTEGA BLVD. UNIT #20
City-State-Zip:	JACKSONVILLE FL 32210-4449

I hereby 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 all other like empowered.

SIGNATURE: BEN H. WILLINGHAM

PRESIDENT, DIRECTOR

02/11/2017

Electronic Signature of Signing Officer/Director Detail

Date