

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18064

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

**Current Principal Place of Business:**

4575 ORTEGA ISLAND DRIVE  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

4575 ORTEGA ISLAND DRIVE  
JACKSONVILLE, FL 32210 US

**FEI Number:** 59-3145065

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PULIGNANO, NICHOLAS VJR.  
1200 RIVERPLACE BOULEVARD - SUITE 800  
JACKSONVILLE, FL 32207 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name PHELAN, PAULA  
Address 4570 ORTEGA ISLAND DRIVE  
City-State-Zip: JACKSONVILLE FL 32210

Title SECRETARY  
Name PULIGNANO, NICHOLAS V.  
Address 1200 RIVERPLACE BOULEVARD  
SUITE 800  
City-State-Zip: JACKSONVILLE FL 32207

Title TREASURER  
Name ROBBINS, IVONNE  
Address 4575 ORTEGA ISLAND DRIVE  
City-State-Zip: JACKSONVILLE FL 32210

*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:** NICHOLAS V. PULIGNANO, JR.

**TREASURER**

**03/06/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date