


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 751802</b> 1. Entity Name ORTEGA BAY CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 4300 LAKESIDE DRIVE #19 JACKSONVILLE, FL 32210 US	Mailing Address 4300 LAKESIDE DRIVE #19 JACKSONVILLE, FL 32210 US
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03062007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1977448	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  
  
BEERE, DARRELL  
4300 LAKESIDE DR  
#19  
JACKSONVILLE, FL 32210

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEERE, DARRELL 4300 LAKESIDE DRIVE, # 6 JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANKIN, CAROLYN L 4300 LAKESIDE DR #12 JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWANBECK, NANCY F 4300 LAKESIDE DR #2 JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEIROSE, CARL 4300 LAKESIDE DRIVE, # 3 JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHEELER, WILLIAM 4300 LAKESIDE DR JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000698400  
04/19/07-80001-007 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

<b>SIGNATURE:</b> <u>William M. Wheeler</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>4/6/07</u> <small>Date</small>	<u>904-387-3133</u> <small>Daytime Phone #</small>
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