2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2009
Secretary of State

DOCUMENT# 751802

Entity Name: ORTEGA BAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4300 LAKESIDE DRIVE
#19
JACKSONVILLE, FL 32210 US

New Principal Place of Business:

Current Mailing Address:

4300 LAKESIDE DRIVE
#19
JACKSONVILLE, FL 32210 US

New Mailing Address:

4300 LAKESIDE DRIVE
#19
JACKSONVILLE, FL 32210

FEI Number: 59-1977448 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BEERE, DARRELL
4300 LAKESIDE DR
#19
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: D ( ) Delete
Name: BRANSFORD, VELORA
Address: 4300 LAKESIDE DRIVE #15
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete
Name: RANKIN, CAROLYN L
Address: 4300 LAKESIDE DR #12
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete
Name: SCHWANBECK, NANCY F
Address: 4300 LAKESIDE DR #2
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete
Name: MEIROSE, CARL
Address: 4300 LAKESIDE DRIVE, # 3
City-St-Zip: JACKSONVILLE, FL 32210

Title: D (X) Delete
Name: WHEELER, WILLIAM
Address: 4300 LAKESIDE DR
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete
Name: ABRAHAM, NORMAN
Address: 4300 LAKESIDE DRIVE #10
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: PRIDGEN, ANNE
Address: 4300 LAKESIDE DR #13
City-St-Zip: JACKSONVILLE, FL 32210

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

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: NORMAN ABRAHAM PRES 04/04/2009

Electronic Signature of Signing Officer or Director — Date