2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#769749

FILED Mar 30, 2009 Secretary of State

Entity Name: ORTEGA YACHT CLUB CONDOMINIUM ASSOCIATION, INC.

	Current Principal Place of Business:			New Principal Place of Business:		
4401 LAKE JACKSON'	SIDE DR VILLE, FL 322	10				
Current Mailing Address:			New Maili	New Mailing Address:		
1401 LAKE JACKSON'	SIDE DR VILLE, FL 322	10				
FEI Number:	59-2320629	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:		
The above	SIDE DR VILLE, FL 322		irpose of changing i	ts registered office or registered agent, or both,		
SIGNATUF						
	Electron	c Signature of Registered Ager	nt	Date		
OFFICERS	S AND DIRECT	rors:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () COOK, GREG 4401 LAKESIDE JACKSONVILLE		Title: Name: Address: City-St-Zip:	() Change () Addition		
Γitle:		Delete	Title: Name:	() Change () Addition		
Name: Address: City-St-Zip:	DALO, ART 4401 LAKE SIDI JACKSONVILLE		Address: City-St-Zip:			
Address:	4401 LAKE SIDI JACKSONVILLE	, FL 32210 Delete : DR #1201		VP (X) Change () Addition CLINGENPEEL, BARBARA 4401 LAKESIDE DR #1203 JACKSONVILLE, FL 32210		
Address: City-St-Zip: Title: Name: Address:	JACKSONVILLE D () COOK, GREG D 4401 LAKESIDE JACKSONVILLE	Delete E DR #1201 Delete DE DR #1201 Delete DE DR #1201 Delete DR #402	City-St-Zip: Title: Name: Address:	CLINGENPEÈL, BARBARÀ 4401 LAKESIDE DR #1203		
Address: City-St-Zip: Fitle: Vame: Address: City-St-Zip: Fitle: Vame: Address:	D () COOK, GREG D 4401 LAKESIDE JACKSONVILLE D () AVENT, MARY L 4401 LAKESIDE JACKSONVILLE	Delete Delete DR #1201 Delete Delete DR #402 FL 32210 Delete DR #402 FL 32210 Delete RLES DR. #1003	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	CLINGENPEEL, BARBARA 4401 LAKESIDE DR #1203 JACKSONVILLE, FL 32210 S (X) Change () Addition AVENT, MARY L 4401 LAKESIDE DR. #402		

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: DAVID G. COOK PRES 03/30/2009