## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: House & Calhour SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Feb 11, 2004 8:00 am Secretary of State

Daytime Phone #

1. Entity Name ORTEGA RIVER RUN, INC.								i.	02-11-2	2004 900	13 04	.8 ****6]	1.25
4114 OXFORD AVE				Mailing Address 4114 OXFORD AVE IACKSONVILLE, FL 32210 US									
2. Principal Place of Business 3. I				Mailing Address									
Suite, Apt. #, etc.			Sı	Suite, Apt. #, etc.				02062004 (	Chg-NP	CR	2E037	7 (10/03)	
City & State			Ci	City & State				4. FEI Number 59-24458	99		•	_ <del>                                    </del>	plied For t Applicable
Zip	Country		Zi	Zip		Country		5. Certificate of S	Status Des	sired [		8.75 Add ee Required	
. 6. Name and Address of Current Registered Agent						Name	<u> </u>	7. Name and Ad	dress of	New Registe	ered A	gent -	
CHUNN, DOUGLAS D. 1800 FIRST UNION NATIONAL BANK TOWER 225 WATER STREET JACKSONVILLE, FL 32202							ddress (I	P.O. Box Number is	s Not Acce	eptable)	-		
0,10110011						City			<del></del>	<del></del>	FL	Zip Code	9
8. The above the obligati	named entity	y submits this statemen tered agent.	nt for the purp	pose of changing its re	gistere	ed office or	r register	ed agent, or both, i	n the State	e of Florida.		miliar with,	and accept
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ŞIĞNATURE .	Signature, typed	or printed name of registered ag	gent and title if ap	oplicable. (NOTE: F	legistere:	d Agent signat	vie Ledinieq	when reinstating)		3 o 13	DATE * 4		1 4 m 25"
Filing Fee is \$61.25 9. Election Campa Due by May 1, 2004 Trust Fund Con							<u> </u>	\$5.00 May Be Added to Fees				payable to ment of St	
10.	PD	OFFICERS AND	DIRECTORS		11.			ADDITIONS/CHAN	GES TO C	FFICERS AN			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JACOBS, 4114 OXF	RUTH FORD AVE NVILLE, FL		□ Delete	1		PD Jaco 4114 Jaco	bs, Ruth Oxford Av Ksonville, M	le L	322 <i>1</i> 0	•	Change	☐ Addition
TITLE NAME	TSD CALHOU	N, FLORENCE		☐ Delele	TITLE NAM	E	750				<del></del>	Change	Addition
STREET ADDRESS City-St-Zip	4114 OXF	FORD AVE NVILLE, FL				EET ADDRESS -ST-ZIP	4/14 500	oun, Flore Oxford Ave ksonville, F	2 2 2	32210	>		
TITLE	D		<del></del>	☐ Delete	TITLE		74-7	<u> </u>		<u> </u>		☐ Change	Addition
NAME STREET ADDRESS	4114 OXF	BEVERLY ORD AVE.		-		EET ADDRESS	-			-	- ~		
CITY-ST-ZIP	JACKSON	NVILLE, FL 32210				-ST-ZIP	<u> </u>	******			· · · · · · · · · · · · · · · · · · ·	F3.01	
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STREET ADDRESS	<u>.</u>			to content of the second	, NAM STRE	eet address		The state of			- 17 - 11: - 11:	April 1997 - 1 Mary 1997 - 1	ina √oʻri ≱
CITY-ST-ZIP .			·			-ST-ZIP				آگشت. س			
indicated of the cor	12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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.												

and SET Years