


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90096 013 \*\*\*\*61.25

<b>DOCUMENT #</b> N02000001978	
1. Entity Name ORTEGA RIVERPLACE HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 4003 HARTLEY ROAD JACKSONVILLE, FL 32257	Mailing Address 4003 HARTLEY ROAD JACKSONVILLE, FL 32257
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2. Principal Place of Business 5046 EAGLE POINT DRIVE Suite, Apt. #, etc.	3. Mailing Address 5046 EAGLE POINT DRIVE Suite, Apt. #, etc.
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City & State JACKSONVILLE, Florida	City & State JACKSONVILLE, Florida
Zip 32244	Country U.S.A.

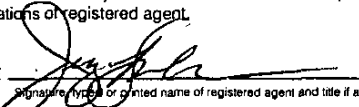


02072006 Chg-NP CR2E037 (11/05)

4. FEI Number 03-0448716	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 SIGNATURE REALTY, BRYAN CANTRELL 4003 HARTLEY ROAD JACKSONVILLE, FL 32257	
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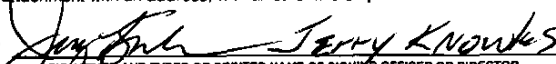
7. Name and Address of New Registered Agent Name: JERRY KNOWLES Street Address (P.O. Box Number is Not Acceptable): 5046 EAGLE POINT DRIVE City: JACKSONVILLE FL Zip Code: 32244	
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8. The above named entity submits this statement for the purpose of changing 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: 	JERRY KNOWLES 2/7/2006 (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FINN, JOHN K 6833-3 PHILLIPS INDUSTRIAL BLVD JACKSONVILLE, FL 32256 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD FINN, JANICE E 6833-3 PHILLIPS INDUSTRIAL BLVD JACKSONVILLE, FL 32256 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZENTKO, EUGENE 6833-3 PHILLIPS INDUSTRIAL BLVD JACKSONVILLE, FL 32256 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KNOWLES, JERRY 5046 EAGLE POINT DRIVE JACKSONVILLE, Florida 32244 <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HASKEN, JOE 5023 EAGLE POINT DRIVE JACKSONVILLE, Florida 32244 <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRAVO, PHIL 5071 EAGLE POINT DRIVE JACKSONVILLE, Florida 32244 <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
SIGNATURE: 	JERRY KNOWLES 2/7/2006 (904) 665-7009 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #