

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001978

FILED  
Jul 27, 2008  
Secretary of State

**Entity Name:** ORTEGA RIVERPLACE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5046 EAGLEPOINT DRIVE  
JACKSONVILLE, FL 32244

**New Principal Place of Business:**

**Current Mailing Address:**

5046 EAGLEPOINT DRIVE  
JACKSONVILLE, FL 32244

**New Mailing Address:**

**FEI Number:** 03-0448716      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

KNOWLES, JERRY  
5046 EAGLEPOINT DRIVE  
JACKSONVILLE, FL 32244      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: PD      ( ) Delete  
Name: KNOWLES, JERRY  
Address: 5046 EAGLE POINT DRIVE  
City-St-Zip: JACKSONVILLE, FL 32244

Title: VD      ( ) Delete  
Name: HASKELL, JOE JR  
Address: 5023 EAGLE POINT DRIVE  
City-St-Zip: JACKSONVILLE, FL 32244

Title: TD      ( ) Delete  
Name: BRAVO, PHIL  
Address: 5071 EAGLE POINT DRIVE  
City-St-Zip: JACKSONVILLE, FL 32244

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: SD      ( ) Change (X) Addition  
Name: O'STEEN, SARA  
Address: 4014 EAGLE POINT DRIVE  
City-St-Zip: JACKSONVILLE, FL 32244

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: PRESIDENT/ JERRY KNOWLES

PD

07/27/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date