

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001978

FILED
Apr 14, 2009
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 ()

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

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: () 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: JERRY KNOWLES

PD

04/14/2009

Electronic Signature of Signing Officer or Director

Date