

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90331 001 ***211.25

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1. Entity Name
ORTEGA STORAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
751 OAK ST STE 600
JACKSONVILLE, FL 32204

Mailing Address
751 OAK ST STE 600
JACKSONVILLE, FL 32204

66012734



04162007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-2215493

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SHAW, RALPH L JR
751 OAK ST STE 600
JACKSONVILLE, FL 32204

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHAW, RALPH L JR 751 OAK ST STE 600 JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT THORNTON, JOHN T 751 OAK ST STE 600 JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WEYER, JOHN J 4168 OXFORD AVE JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: *R. L. Shaw*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07 *904-358-0900*
Date Daytime Phone #