

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N06000012493



1. Entity Name
WOODS OF ORTEGA CONDOMINIUM ASSOCIATION,
INC.

Principal Place of Business
9456 PHILIPS HWY
STE 1
JACKSONVILLE, FL 32256 US

Mailing Address
9456 PHILIPS HWY
STE 1
JACKSONVILLE, FL 32256 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

5455 AIA South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
St Augustine FL

Zip

Country

Zip
32080

Country

6. Name and Address of Current Registered Agent

DEARING, MARK C
9456 PHILIPS HWY
STE 1
JACKSONVILLE, FL 32256

7. Name and Address of New Registered Agent

Name **MAN Management**

Street Address (P.O. Box Number is Not Acceptable)

5455 AIA South

City **St Augustine** FL Zip Code **32080**

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

Myrlia H. Oteil

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ZAKOSKE, JOHN 9456 PHILIPS HWY - STE 1 JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DEARING, MARK C 9456 PHILIPS HWY - STE 1 JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PORTER, ROBERT 9456 PHILIPS HWY - STE 1 JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAST RESTALL, SHELBY R 9456 PHILIPS HIGHWAY, SUITE 1 JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAST KNOX, LINNETTE C 9456 PHILIPS HIGHWAY, SUITE 1 JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete	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"/> Delete	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: *Myrlia H. Oteil*

Vice President

4/14/08

904-268-2840

Date

Daytime Phone #

66007365



04032008 Chg-NP CR2E037 (12/06)

4. FEI Number
APPLIED FOR **20-8008899** Applied For
 Not Applicable

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

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ANNUAL REPORT**

3/19/2008-90013-002-\$61.25-\$61.25

ATTACHMENT

DOCUMENT # N06000012493		
1. Entity Name WOODS OF ORTEGA CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 9456 PHILIPS HWY STE 1 JACKSONVILLE, FL 32256 US		Mailing Address 9456 PHILIPS HWY STE 1 JACKSONVILLE, FL 32256 US
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 5455 AIA South Suite, Apt. #, etc.
City & State		City & State St Augustine FL
Zip	Country	Zip 32080 Country
4. FEI Number APPLIED FOR		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		
DEARING, MARK C 9456 PHILIPS HWY STE 1 JACKSONVILLE, FL 32256		
Name MAY Management Street Address (P.O. Box Number is Not Acceptable)		
5455 AIA South City St Augustine FL Zip Code 32080		
7. Name and Address of New Registered Agent		
Signature <i>Mark Dearing</i> CYNTHIA HONEY, VP DATE <i>3/25/08</i> Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remailing)		
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.		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE DP <input type="checkbox"/> Delete NAME ZAKOSKE, JOHN STREET ADDRESS 9456 PHILIPS HWY - STE 1 CITY-ST-ZIP JACKSONVILLE, FL 32256		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE DVP <input type="checkbox"/> Delete NAME DEARING, MARK C STREET ADDRESS 9456 PHILIPS HWY - STE 1 CITY-ST-ZIP JACKSONVILLE, FL 32256		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE DST <input type="checkbox"/> Delete NAME PORTER, ROBERT STREET ADDRESS 9456 PHILIPS HWY - STE 1 CITY-ST-ZIP JACKSONVILLE, FL 32256		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE DAST <input checked="" type="checkbox"/> Delete NAME RESTALL, SHELBY R STREET ADDRESS 9456 PHILIPS HIGHWAY, SUITE 1 CITY-ST-ZIP JACKSONVILLE, FL 32258		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE DAST <input checked="" type="checkbox"/> Delete NAME KNOX, LINNETTE C STREET ADDRESS 9456 PHILIPS HIGHWAY, SUITE 1 CITY-ST-ZIP JACKSONVILLE, FL 32256		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
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SIGNATURE: <i>M. Dearing</i>		Date <i>3/21/2008</i> Daytime Phone # <i>904-268-2845</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		