

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

03-19-2008 90013 002 \*\*\*\*61.25

<b>DOCUMENT # N06000012493</b> 1. Entity Name <b>WOODS OF ORTEGA CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>9456 PHILIPS HWY STE 1 JACKSONVILLE, FL 32256 US</b>		Mailing Address <b>9456 PHILIPS HWY STE 1 JACKSONVILLE, FL 32256 US</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>5455 AIA South</b> Suite, Apt. #, etc.	
City & State Zip		City & State <b>St Augustine FL</b> Zip <b>32080</b>	
Country		Country	
4. FEI Number <b>APPLIED FOR 20-8008899</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>DEARING, MARK C 9456 PHILIPS HWY STE 1 JACKSONVILLE, FL 32256</b>		7. Name and Address of New Registered Agent Name <b>MAN Management</b> Street Address (P.O. Box Number is Not Acceptable) <b>5455 AIA South</b> City <b>St Augustine</b> <b>FL</b> Zip Code <b>32080</b>	
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.  <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE   <small>Signature typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> <small>DATE</small> </div> </div>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
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.			
<b>SIGNATURE:</b>		<b>VICE PRESIDENT</b> <b>4/14/08</b> <b>904-268-2840</b> <small>Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #</small>	

66007365




04032008 Chg-NP CR2E037 (12/06)

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

ATTACHMENT

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Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>St Augustine FL</b>		4. FEI Number <b>APPLIED FOR</b>	
Zip		Zip <b>32080</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DEARING, MARK C 9456 PHILIPS HWY STE 1 JACKSONVILLE, FL 32256</b>			7. Name and Address of New Registered Agent Name <b>MAY Management</b> Street Address (P.O. Box Number is Not Acceptable) <b>5455 AIA South</b> City <b>St Augustine</b> <b>FL</b> Zip Code <b>32080</b>		
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 <u><i>Cynthia H. O'Neil, VP</i></u> <b>CYNTHIA H O'NEIL, VP</b> <u>2/25/08</u> <small>Signature typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make check payable to .. Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
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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			
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SIGNATURE: <u><i>[Signature]</i></u> <b>3/11/2008</b> <b>904-268-2845</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					