


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90020 026 ****61.25

DOCUMENT # N07000002645 1. Entity Name HILLS OF ORTEGA HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 9283-2 SAN JOSE BLVD. JACKSONVILLE, FL 32275			Mailing Address 9283-2 SAN JOSE BLVD. JACKSONVILLE, FL 32275		
2. Principal Place of Business - No P.O. Box # 4527 Sunbeam Rd. #2 Suite, Apt. #, etc.		3. Mailing Address 4527 Sunbeam Rd. #2 Suite, Apt. #, etc.			
City & State Zip 32257 Country		City & State Zip 32257 Country		01172008 Chg-NP CR2E037 (12/06)	
4. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent DAVID, CHARLES 9283-2 SAN JOSE BLVD. JACKSONVILLE, FL 32275			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4527 Sunbeam Rd. #2 City <div style="display: flex; justify-content: space-between;"> FL Zip Code 32257 </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	
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	PD DAVID, CHARLES 9283-2 SAN JOSE BLVD. JACKSONVILLE, FL 32275	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	4527 Sunbeam Rd. #2 32257	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PIPKINS, JOHN 9283-2 SAN JOSE BLVD. JACKSONVILLE, FL 32275	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	4527 Sunbeam Rd. #2 32257	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					