

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90054 006 ****61.25

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1. Entity Name
ORTEGA CROSSING HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**4759 LEOPARD CIRCLE
MIDDLEBURG, FL 32068**

Mailing Address
**P.O. BOX 949
MIDDLEBURG, FL 32050**

50013240



2. Principal Place of Business

4213 County Rd 218

3. Mailing Address

Suite, Apt. #, etc.

Suite 1

01132005 Chg-NP CR2E037 (10/03)

City & State

Middleburg, Florida

City & State

4. FEI Number
59-3346017

Applied For
Not Applicable

Zip

32068

Country

US

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DELCOMYN, VINA
4759 LEOPARD CIRCLE
MIDDLEBURG, FL 32068**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Vina C. Delcomyn

VINA C. Delcomyn

Feb. 3, 2005

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, 2005**

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

TITLE PD ☐ Delete
NAME SHANK, TERESA
STREET ADDRESS 5545 OAK CROSSING DR
CITY-ST-ZIP JACKSONVILLE, FL 32244

TITLE D ☐ Delete
NAME ZETTEROWER, SANDY
STREET ADDRESS 8358 OAK CROSSING DR W
CITY-ST-ZIP JACKSONVILLE, FL 32244

TITLE VD ☒ Delete
NAME ABELÉS, EDMUND
STREET ADDRESS 8233 OAK CROSSING DR W
CITY-ST-ZIP JACKSONVILLE, FL 32244

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME Tatem, Sandy
STREET ADDRESS 8358 Oak Crossing Dr W
CITY-ST-ZIP Jacksonville FL 32244

TITLE ☐ Change ☒ Addition
NAME Washington, Sallie
STREET ADDRESS 5554 OAK Crossing Dr.
CITY-ST-ZIP Jacksonville, FL 32244

TITLE ☐ Change ☒ Addition
NAME Parra more, Helen
STREET ADDRESS 6537 Oak Crossing Dr.
CITY-ST-ZIP Jacksonville, FL 32244

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: ** Teresa J. Shank*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/05

Date

215-0464

Daytime Phone #