2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005265

FILED Apr 10, 2008 Secretary of State

Entity Name: ORTEGA CROSSING HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 4213 COUNTRY RD 218 SUITE 1 MIDDLEBURG, FL 32068 **New Mailing Address: Current Mailing Address:** P.O. BOX 949 4213 COUNTY ROAD 218 MIDDLEBURG, FL 32050 MIDDLEBURG, FL 32068 FEI Number: 59-3346017 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DELCOMYN, VINA **4213 COUNTY ROAD 218** SUITE 1 MIDDLEBURG, FL 32068 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete SHANK, TERESA SIMMS, MELANIE Name: Name: 5545 OAK CROSSING DR Address: 5522 OAK CROSSING DR Address: City-St-Zip: JACKSONVILLE, FL 32244 City-St-Zip: JACKSONVILLE, FL 32244 Title: Title: (X) Change () Addition () Delete Name: TATEM, SANDY Name: SEARLES, STEPHANIE Address: 8358 OAK CROSSING DR W Address: 8410 OAK CROSSING DR W City-St-Zip: JACKSONVILLE, FL 32244 City-St-Zip: JACKSONVILLE, FL 32244 Title: () Delete Title: () Change () Addition JONES, LENORE Name: Name: 5736 ENGLISH OAK DRIVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32244 City-St-Zip: Title: () Delete Title: VPD () Change (X) Addition Name: Name: BATTISTIC, RUDY SR 13801 CARTER GROVE LANE Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32223

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELANIE SIMMS PD 04/10/2008