

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005265

FILED
Feb 12, 2009
Secretary of State

Entity Name: ORTEGA CROSSING HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4213 COUNTRY RD 218
SUITE 1
MIDDLEBURG, FL 32068

New Principal Place of Business:

Current Mailing Address:

4213 COUNTY ROAD 218
1
MIDDLEBURG, FL 32068

New Mailing Address:

FEI Number: 59-3346017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELCOMYN, VINA
4213 COUNTY ROAD 218
SUITE 1
MIDDLEBURG, FL 32068 US

Name and Address of New Registered Agent:

AWAKENINGS ASSOCIATION MANAGEMENT, INC.
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: VINA DELCOMYN

02/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SIMMS, MELANIE
Address: 5522 OAK CROSSING DR
City-St-Zip: JACKSONVILLE, FL 32244

Title: TD () Delete
Name: SEARLES, STEPHANIE
Address: 8410 OAK CROSSING DR W
City-St-Zip: JACKSONVILLE, FL 32244

Title: SD () Delete
Name: JONES, LENORE
Address: 5736 ENGLISH OAK DRIVE
City-St-Zip: JACKSONVILLE, FL 32244

Title: VPD () Delete
Name: BATTISTIC, RUDY SR
Address: 13801 CARTER GROVE LANE
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GRAVATT, TRICIA
Address: 5634 ENGLISH OAK DR SOUTH
City-St-Zip: JACKSONVILLE, FL 32244

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: JONES, LENORE
Address: 5736 ENGLISH OAK DRIVE
City-St-Zip: JACKSONVILLE, FL 32244

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LENORE JONES

PRES

02/12/2009

Electronic Signature of Signing Officer or Director

Date