


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000098523 (9)

1. Corporation Name

ORTEGA PARK AT BLANDING, INC.



Principal Place of Business

9551 BAYMEADOWS RD
SUITE 4
JACKSONVILLE FL 32256
US

Mailing Address

9551 BAYMEADOWS RD
SUITE 4
JACKSONVILLE FL 32256
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/27/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-3420007

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STOKES, E CHESTER JR
9551 BAYMEADOWS RD
SUITE 4
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME STOKES, E CHESTER JR
STREET ADDRESS 9551 BAYMEADOWS RD #4
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE DV
NAME PUTNAL, JAMES E
STREET ADDRESS 9551 BAYMEADOWS RD #4
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE V
NAME BERGMANN, THOMAS C
STREET ADDRESS 9551 BAYMEADOWS RD #4
CITY-ST-ZIP JACKSONVILLE FL ☒ DELETE

TITLE V
NAME BRAREN, MICHAEL E
STREET ADDRESS 9551 BAYMEADOWS RD #4
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE T
NAME FREDENHAGEN, SHARON W
STREET ADDRESS 9551 BAYMEADOWS RD #4
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE S
NAME HICE, SHERRY
STREET ADDRESS 9551 BAYMEADOWS RD #4
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE V ☐ Change ☒ Addition
3.2 NAME WALLACE, L. DENISE
3.3 STREET ADDRESS 9551 BAYMEADOWS RD #4
3.4 CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sherry Hice

Sherry Hice, Secretary 3/12/98

904/739-2249

CR2E034 (10/97)