

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32769

Entity Name: ORCAT, INC.**Current Principal Place of Business:**97 SOUTH HARBOR DRIVE
KEY LARGO, FL 33037**Current Mailing Address:**97 SOUTH HARBOR DRIVE
KEY LARGO, FL 33037 US**FEI Number:** 65-0125916**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**OCEAN REEF COMMUNITY ASSOC
35 OCEAN REEF DRIVE
SUITE 220
KEY LARGO, FL 33037 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

Officer/Director Detail :

Title	T
Name	CONNOLLY, KASKA
Address	24 DOCKSIDE LANE PMB 505
City-State-Zip:	KEY LARGO FL 33037

Title	DIRECTOR
Name	STORM, JOHN
Address	24 DOCKSIDE LANE PMB 505
City-State-Zip:	KEY LARGO FL 33037

Title	DIRECTOR
Name	CARLISLE, FRAN
Address	24 DOCKSIDE LANE PMB 505
City-State-Zip:	KEY LARGO FL 33037

Title	DIRECTOR
Name	FLANAGAN, THOMAS
Address	24 DOCKSIDE LANE PMB 505
City-State-Zip:	KEY LARGO FL 33037

Title	P
Name	STAMPS, PENNY
Address	24 DOCKSIDE LANE PMB 505
City-State-Zip:	KEY LARGO FL 33037

Title	DIRECTOR
Name	BLAYLOCK, LYNDIA
Address	24 DOCKSIDE LANE PMB 505
City-State-Zip:	KEY LARGO FL 33037

Title	DIRECTOR
Name	LEE, MARY
Address	24 DOCKSIDE LANE PMB 505
City-State-Zip:	KEY LARGO FL 33037

Title	SECRETARY
Name	JACKSON, KATHERINE
Address	24 DOCKSIDE LANE PMB 505
City-State-Zip:	KEY LARGO FL 33037

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I hereby 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 all other like empowered.

SIGNATURE: KATHERINE JACKSON**SECRETARY****02/06/2018**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ROSS, ANN
Address 24 DOCKSIDE LANE PMB 505
City-State-Zip: KEY LARGO FL 33037

Title DIRECTOR
Name BRYAN, LUISA
Address 24 DOCKSIDE LANE PMB 505
City-State-Zip: KEY LARGO FL 33037

Title VP
Name TINDLE, GREGORY
Address 24 DOCKSIDE LANE PMB 505
City-State-Zip: KEY LARGO FL 33037

Title DIRECTOR
Name TERWILLIGER, FRAN
Address 24 DOCKSIDE LANE PMB 505
City-State-Zip: KEY LARGO FL 33037

Title DIRECTOR
Name GUTIERREZ-HASKETT, TERESA
Address 24 DOCKSIDE LANE PMB 505
City-State-Zip: KEY LARGO FL 33037