

**2015 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	LUNSFORD, GREGORY
Address	35 OCEAN REEF DR SUITE 220
City-State-Zip:	KEY LARGO FL 33037

Title	P
Name	STAMPS, PENNY
Address	7 OSPREY LN
City-State-Zip:	KEY LARGO FL 33037

Title	D
Name	STORM, JOHN
Address	15 CALOOSA RD
City-State-Zip:	KEY LARGO FL 33037

Title	DIRECTOR
Name	BLAYLOCK, LYNDA
Address	550 CORAL LANE
City-State-Zip:	KEY LARGO FL 33037

Title	DIRECTOR
Name	CARLISLE, FRAN
Address	18 SUNRISE CAY DR
City-State-Zip:	KEY LARGO FL 33037

Title	DIRECTOR
Name	LEE, MARY
Address	24 DOCKSIDE LANE #179
City-State-Zip:	KEY LARGO FL 33037

Title	DIRECTOR
Name	FLANAGAN, THOMAS
Address	45 SPADEFISH LANE
City-State-Zip:	KEY LARGO FL 33037

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

**Continues on page 2**

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:** GREGORY LUNSFORD

T

02/19/2015

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	ROSS, ANN
Address	6 GRAYVIK DR
City-State-Zip:	KEY LARGO FL 33037