

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**DOCUMENT # 753767 (3)**

**95 MAR 20 PM 2:15**

**1. Corporation Name  
ORA AT MELBOURNE BEACH, INC.**

Principal Place of Business Mailing Address  
**3000 SOUTH A1A  
P.O. BOX 51-0655  
MELBOURNE BCH FL 32951**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/14/1980** 3a. Date of Last Report **04/01/1994**  
4. FEI Number **59-2023599** 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  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75** Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**WILDMAN, DAVID  
25 WEST NEW HAVEN AVENUE  
MELBOURNE FL 32901**

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 607.1608, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>SD</b>
NAME	<b>MULLIGAN, ROBERT</b>
STREET ADDRESS	<b>3962 N. SHORE DR. NE</b>
CITY-ST-ZIP	<b>KALKASKA MI</b>
TITLE	<b>TD</b>
NAME	<b>FENELON MARION</b>
STREET ADDRESS	<b>78 MORDELLA ROAD</b>
CITY-ST-ZIP	<b>ALBANY NY 12205</b>
TITLE	<b>PD</b>
NAME	<b>HILL, CORA,</b>
STREET ADDRESS	<b>23950 EAST AVENUE N.</b>
CITY-ST-ZIP	<b>BATTLE CREEK MI</b>
TITLE	<b>VD</b>
NAME	<b>WIEGAND, JOSEPH,</b>
STREET ADDRESS	<b>35240 NY STATE, RTE 12E</b>
CITY-ST-ZIP	<b>CAPE VINCENT NY</b>
TITLE	<b>D</b>
NAME	<b>BERKS, JOSEPHINE</b>
STREET ADDRESS	<b>3000 S. HIGHWAY A1A LOT #137</b>
CITY-ST-ZIP	<b>MELBOURNE BEACH FL 32951</b>
TITLE	<b>D</b>
NAME	<b>EDLUND, HERB,</b>
STREET ADDRESS	<b>D-208 TEABERRY LANE</b>
CITY-ST-ZIP	<b>NEWLAND NC</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**SEE ATTACHED**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(A), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marion Fenelon **Marion Fenelon** 3/2/95 (407) 724-6056  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment to 1995 1st Notice Nonprofit Corporation Annual Report

Title D  
Name Cresswell, William  
Street Address P.O.Box 527  
City-St-Zip Dalton, PA 18414

Title D  
Name Freedman, Arthur  
Street Address 4528 Hornbeam Drive  
City-St-Zip Rockville, MD 20853

Title D  
Name Hunt, Beverly  
Street Address 6910 Knollwood Court  
City-St-Zip Oscoda, MI 48750

Title D  
Name Reichel, Clark  
Street Address HC 136 County Rt 45  
City-St-Zip Hagaman, NY 12086