

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 753767 (3)

1. Corporation Name
ORA AT MELBOURNE BEACH, INC.



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

3. Date Incorporated or Qualified: 08/14/1980
3a. Date of Last Report: 03/20/1995
4. FEI Number: 59-2023599
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25
City & State: 27
City & State: 28
Zip: 29 Country: 30

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
85 Zip Code: FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	SD
NAME	MULLIGAN, ROBERT	1.2 NAME	ELLIS, WENDY
STREET ADDRESS	3962 N. SHORE DR. NE	1.3 STREET ADDRESS	3000 S. HIGHWAY A1A
CITY - ST - ZIP	KALKASKA MI	1.4 CITY - ST - ZIP	MELBOURNE BEACH, FL 32951
TITLE	TD	2.1 TITLE	TD
NAME	FENELON MARION	2.2 NAME	WIEGAND, JOSEPH
STREET ADDRESS	78 MORDELLA ROAD	2.3 STREET ADDRESS	35240 NY STATE, RT. 12E
CITY - ST - ZIP	ALBANY NY 12205	2.4 CITY - ST - ZIP	CAPE VINCENT, NY 13618
TITLE	PD	3.1 TITLE	PD
NAME	HILL, CORA	3.2 NAME	FREEDMAN, ARTHUR
STREET ADDRESS	23950 EAST AVENUE N.	3.3 STREET ADDRESS	4528 HORNBEAM DRIVE
CITY - ST - ZIP	BATTLE CREEK MI	3.4 CITY - ST - ZIP	ROCKVILLE, MD 20853
TITLE	VD	4.1 TITLE	VD
NAME	WIEGAND, JOSEPH	4.2 NAME	REICHEL, CLARK
STREET ADDRESS	35240 NY STATE, RTE 12E	4.3 STREET ADDRESS	HC 136 COUNTY RT 45
CITY - ST - ZIP	CAPE VINCENT NY	4.4 CITY - ST - ZIP	HAGAMAN, NY 12086
TITLE	D	5.1 TITLE	D
NAME	BERKS, JOSEPHINE	5.2 NAME	HILL, CORA
STREET ADDRESS	3000 S. HIGHWAY A1A LOT #137	5.3 STREET ADDRESS	3537 WOODBRIDGE LANE
CITY - ST - ZIP	MELBOURNE BEACH FL 32951	5.4 CITY - ST - ZIP	PORTAGE, MI 49002
TITLE	D	6.1 TITLE	D
NAME	EDLUND, HERB	6.2 NAME	KOLDENHOVEN, GEORGE
STREET ADDRESS	D-208 TEABERRY LANE	6.3 STREET ADDRESS	8025 S. WOLF ROAD
CITY - ST - ZIP	NEWLAND NC	6.4 CITY - ST - ZIP	LaGRANGE, IL 60525

1.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ELLIS, WENDY	
1.3 STREET ADDRESS	3000 S. HIGHWAY A1A	
1.4 CITY - ST - ZIP	MELBOURNE BEACH, FL 32951	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WIEGAND, JOSEPH	
2.3 STREET ADDRESS	35240 NY STATE, RT. 12E	
2.4 CITY - ST - ZIP	CAPE VINCENT, NY 13618	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FREEDMAN, ARTHUR	
3.3 STREET ADDRESS	4528 HORNBEAM DRIVE	
3.4 CITY - ST - ZIP	ROCKVILLE, MD 20853	
4.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	REICHEL, CLARK	<input checked="" type="checkbox"/>
4.3 STREET ADDRESS	HC 136 COUNTY RT 45	
4.4 CITY - ST - ZIP	HAGAMAN, NY 12086	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	HILL, CORA	
5.3 STREET ADDRESS	3537 WOODBRIDGE LANE	
5.4 CITY - ST - ZIP	PORTAGE, MI 49002	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	KOLDENHOVEN, GEORGE	<input checked="" type="checkbox"/>
6.3 STREET ADDRESS	8025 S. WOLF ROAD	
6.4 CITY - ST - ZIP	LaGRANGE, IL 60525	

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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Arthur Freedman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/96 Date
407-724-6056 Daytime Phone #

CR2E037 (12/95)