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May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 753767 (3)

1. Corporation Name
ORA AT MELBOURNE BEACH, INC.



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

3. Date Incorporated or Qualified 08/14/1980 3a. Date of Last Report 03/15/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILDMAN, DAVID
25 WEST NEW HAVEN AVENUE
MELBOURNE FL 32901

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Addition
NAME	ELLIS, WENDY	1.2 NAME	SD
STREET ADDRESS	3000 S HWY A1A	1.3 STREET ADDRESS	Alfred Weil
CITY - ST - ZIP	MELB. BCH FL	1.4 CITY - ST - ZIP	92 Club House Dr. New London, NC 28127
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WIEGAND, JOSEPH	2.2 NAME	Edwin Loos, Jr.
STREET ADDRESS	35240 NY STATE, RT 12E	2.3 STREET ADDRESS	5124 Pleasant Valley Rd.
CITY - ST - ZIP	CAPE VINCENT NY	2.4 CITY - ST - ZIP	Bliss, NY 14024
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FREEMAN, ARTHUR	3.2 NAME	Richard Van Norstrand
STREET ADDRESS	4528 HORNBEAM DRIVE	3.3 STREET ADDRESS	320 S. Hughes #96
CITY - ST - ZIP	ROCKVILLE FL	3.4 CITY - ST - ZIP	Howell, MI 48045 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REICHEL, CLARK	4.2 NAME	Beverly Hunt
STREET ADDRESS	HC 138 COUNTY RT 145	4.3 STREET ADDRESS	6910 Knollwood Ct.
CITY - ST - ZIP	HAGAMAN NY	4.4 CITY - ST - ZIP	Oscoda, MI 48750
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILL, CORA	5.2 NAME	Wendy Ellis
STREET ADDRESS	3537 WOODBRIDGE LANE	5.3 STREET ADDRESS	3000 S. A1A Hwy. #15
CITY - ST - ZIP	PORTAGE MI	5.4 CITY - ST - ZIP	Melbourne Bch., FL 32951
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOLDENOVEN, GEORGE	6.2 NAME	Bill Cresswell
STREET ADDRESS	8025 S WOLF ROAD	6.3 STREET ADDRESS	3000 S. A1A Hwy. #328
CITY - ST - ZIP	LAGRANGE GA	6.4 CITY - ST - ZIP	Melbourne Bch., FL 32951

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated information indicated on this annual report or supplemental annual report is true and accurate and 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: *Richard Van Norstrand* 4-9-97 407-724-6056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0019941

CR2E037 (9/96)