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Apr 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1998**

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<br>P.O. BOX 51-0655<br>MELBOURNE BCH FL 32951 | 3000 SOUTH A1A<br>P.O. BOX 51-0655<br>MELBOURNE BCH FL 32951 |

3. Date Incorporated or Qualified: 08/14/1980

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | 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: Greenspoon Marder Hirchfeld Rafkin Ross & Berger
82 Street Address (P.O. Box Number is Not Acceptable): South Trust Bank Building, Ste. 1100
83: 1395 West Central Blvd.
84 City: Orlando FL 85 Zip Code: 32801

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: N. Owaye Jr., VICE PRESIDENT — DATE: 3/25/98
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | | | ☐ Change ☑ Addition |
| TITLE | SD | | 1.1 TITLE | SD | |
| NAME | WEIL, ALFRED | | 1.2 NAME | KAY MULLIGAN | |
| STREET ADDRESS | 92 CLUB HOUSE DR | | 1.3 STREET ADDRESS | 3962 North Shore Dr. NE | |
| CITY-ST-ZIP | NEW LONDON NC | | 1.4 CITY-ST-ZIP | Kalkaska, MI 49646 | |
| TITLE | TD | ☐ DELETE | 2.1 TITLE | TD | ☐ Change ☑ Addition |
| NAME | LOSS, JR E | | 2.2 NAME | Loos, JR E | |
| STREET ADDRESS | 5124 PLEASANT VALLEY RD | | 2.3 STREET ADDRESS | 5124 Pleasant Valley Rd | |
| CITY-ST-ZIP | BLISS NY | | 2.4 CITY-ST-ZIP | Bliss, NY | |
| TITLE | PD | ☐ DELETE | 3.1 TITLE | PD | ☐ Change ☑ Addition |
| NAME | VAN NORSTRAND, RICHARD | | 3.2 NAME | Van Norstrand, Richard | |
| STREET ADDRESS | 320 S HUGHES #98 | | 3.3 STREET ADDRESS | 300 S. A1A Hwy #387 | |
| CITY-ST-ZIP | HOWELL MI | | 3.4 CITY-ST-ZIP | Melbourne Bch., FL 32951 | |
| TITLE | VD | ☒ DELETE | 4.1 TITLE | VD | ☐ Change ☑ Addition |
| NAME | HUNT, BEVERLY | | 4.2 NAME | Tony Korriest | |
| STREET ADDRESS | 6910 KNOLLWOOD CT | | 4.3 STREET ADDRESS | 4112 Oneida St | |
| CITY-ST-ZIP | OSCODA MI | | 4.4 CITY-ST-ZIP | New Hartford, NY 13413 | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | ELLIS, WENDY | | 5.2 NAME | Same | |
| STREET ADDRESS | 3000 S A1A HWY #15 | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MELBOURNE BCH FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | CRESSWELL, BILL | | 6.2 NAME | Same | |
| STREET ADDRESS | 3000 S A1A HWY #328 | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MELBOURNE BCH FL | | 6.4 CITY-ST-ZIP | | |

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** RICHARD VAN NORSTRAND 3/4/98