
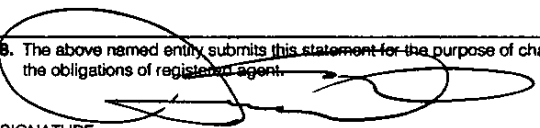
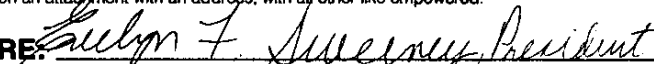


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90033 034 \*\*\*\*61.25

<b>DOCUMENT # 753767</b>			
1. Entity Name ORA AT MELBOURNE BEACH, INC.			
Principal Place of Business ORA AT MELBOURNE BEACH INC 210 GALAXY LANE MELBOURNE BCH, FL 32951		Mailing Address 210 GALAXY LN. P.O. BOX 510655- MELBOURNE BCH, FL 32951	
2. Principal Place of Business ORA at Melbourne Bch, Inc Suite, Apt. #, etc. 210 Galaxy Lane		3. Mailing Address 210 Galaxy Lane Suite, Apt. #, etc.	
City & State Melbourne Bch, FL		City & State Melbourne Bch, FL	
Zip 32951		Country Brevard	
4. FEI Number 59-2023599		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILDMAN, DAVID L 25 W. NEW HAVEN AVENUE SUITE A MELBOURNE, FL 32901		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE 03/03/05	
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	<input type="checkbox"/> Delete	TITLE Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SWEENEY, EVELYN		NAME Same	
STREET ADDRESS 5473 S. WILLIAMSVILLE RD		STREET ADDRESS Same	
CITY-ST-ZIP SHERMAN, IL 62684		CITY-ST-ZIP Same	
TITLE VP	<input type="checkbox"/> Delete	TITLE Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KORRIE, ANTHONY		NAME Same	
STREET ADDRESS 4112 ONEIDA ST		STREET ADDRESS Same	
CITY-ST-ZIP NEW HARTFORD, NY 13413		CITY-ST-ZIP Same	
TITLE D	<input type="checkbox"/> Delete	TITLE Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILLIAMS, CHARLES		NAME Same	
STREET ADDRESS 6216 INDIAN POINT DR. 1072		STREET ADDRESS Same	
CITY-ST-ZIP SAUGATUCK, MI 49453		CITY-ST-ZIP Same	
TITLE T	<input type="checkbox"/> Delete	TITLE Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VENICE, THOMAS		NAME Venice, Thomas	
STREET ADDRESS 138 SUMERFIELD BLVD		STREET ADDRESS 422 Carousel Lane	
CITY-ST-ZIP BOWLING GREEN, OH 43402		CITY-ST-ZIP Melbourne Bch, FL 32951	
TITLE D	<input type="checkbox"/> Delete	TITLE Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BALDRY, GARY		NAME Same	
STREET ADDRESS 572 CEDAR PARK LN RR#1		STREET ADDRESS Same	
CITY-ST-ZIP ATHENS ONTARIO, CA KOE 1B0		CITY-ST-ZIP Same	
TITLE S	<input type="checkbox"/> Delete	TITLE Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PRUZINA, JAMES		NAME Pruzina, James	
STREET ADDRESS 236 PIER LANE		STREET ADDRESS 236 Pier Lane	
CITY-ST-ZIP MELBOURNE BEACH, FL 32951		CITY-ST-ZIP Melbourne Bch, FL 32951	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date: 3-03-05 321-726-2963	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

ATTACHMENT

40033417

2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT #753767

ADDITIONS:

TREASURER  
HEBERT, RONALD  
604 HORIZON LANE  
MELBOURNE BCH., FL 32951

DIRECTOR  
ZARCONE, CELIA  
761 GALAXY LANE  
MELBOURNE BCH., FL 32951

DIRECTOR  
LIVIERI, LEE  
576 PIER LANE  
MELBOURNE BCH., FL 32951

ACCOUNT NO.: \_\_\_\_\_

MANAGER APPROV.: DM 3-14-05

BOARD APPROV.: efw 3-11-05

DATE PAID: \_\_\_\_\_

CHECK # \_\_\_\_\_

CHECK AMOUNT: \_\_\_\_\_