

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 04, 2006 8:00 am**  
**Secretary of State**

04-04-2006 90044 032 \*\*\*\*61.25



**DOCUMENT # 753767**

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.  
MELBOURNE BCH FL 32951



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE CR2E037 (10/05)

4. FEI Number

59-2023599

Applied For

Not Applicable

5. Certificate of Status Desired

**\$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 A. Van Catterton, Jr., P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
1990 W. New Haven Ave, Suite # 104  
P.O. Box 1598  
City Melbourne 1 **FL** Zip Code 32902-1598

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 A. Van Catterton, Jr.

A. VAN CATTERTON, JR.

3/10/06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SWEENEY, EVELYN	
STREET ADDRESS	5473 S. WILLIAMSVILLE RD	
CITY-ST-ZIP	SHERMAN IL 62684	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KORRIE, ANTHONY	
STREET ADDRESS	4112 ONEIDA ST	
CITY-ST-ZIP	NEW HARTFORD NY 13413	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, CHARLES	
STREET ADDRESS	6216 INDIAN POINT DR. 1072	
CITY-ST-ZIP	SAUGATUCK MI 49453	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	VENICE, THOMAS	
STREET ADDRESS	422 CAROUSEL LANE	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	D	<input type="checkbox"/> Delete
NAME	BALDRY, GARY	
STREET ADDRESS	572 CEDAR PARK LN RR#1	
CITY-ST-ZIP	ATHENS ONTARIO CA KOE -1B0	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRUZINA, JAMES	
STREET ADDRESS	236 PIER LANE	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anthony Korrie	
STREET ADDRESS	4112 Oneida St.	
CITY-ST-ZIP	New Hartford, NY 13413	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles Williams	
STREET ADDRESS	6213 131st	
CITY-ST-ZIP	Saugatuck, MI 49453	
TITLE	J	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jim Day	
STREET ADDRESS	Gray Wolf Lane	
CITY-ST-ZIP	Hendersonville, NC 28792	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wayne Mosman	
STREET ADDRESS	10 Farm Circle	
CITY-ST-ZIP	Watertown, CT 06795	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gary Baldry	
STREET ADDRESS	572 Cedar Park Ln. RR#1	
CITY-ST-ZIP	Athens, Ont, CA, KOE-1B0	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Pruzina	
STREET ADDRESS	236 Pier Lane	
CITY-ST-ZIP	Melbourne Bch, FL 32951	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Anthony A. Pruzina

3/20/06

321-724 6056

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone Number