

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2007 08:00 AM
Secretary of State

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



02012007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

A VAN, CATTERTON JR, P.A.
1990 WEST NEW HAVEN AVE
SUITE 104
MELBOURNE, FL 32902-1598

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000677217
03/30/07-90095-019-61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ANTHONY, KORRIE
STREET ADDRESS	4112 ONIEDA ST
CITY-ST-ZIP	NEW HARTFORD, NY 13413
TITLE	VP
NAME	WILLIAMS, CHARLES
STREET ADDRESS	6213 131ST
CITY-ST-ZIP	SAUGATUCK, MI 49453
TITLE	D
NAME	DAY, JIM
STREET ADDRESS	GRAY WOLF LANE
CITY-ST-ZIP	HENDERSONVILLE, NC 28792
TITLE	S
NAME	MOSMAN, WAYNE
STREET ADDRESS	10 FARM CIR
CITY-ST-ZIP	WATERTOWN, CT 06795
TITLE	D
NAME	BALDRY, GARY
STREET ADDRESS	572 CEDAR PARK LN RR#1
CITY-ST-ZIP	ATHENS ONTARIO, CA KOE 1B0
TITLE	D
NAME	PRUZINA, JAMES
STREET ADDRESS	236 PIER LANE
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/07 (321) 724-6056
Date Daytime Phone #