

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753767

FILED
Feb 25, 2009
Secretary of State

Entity Name: ORA AT MELBOURNE BEACH, INC.

Current Principal Place of Business:

ORA AT MELBOURNE BEACH INC
210 GALAXY LANE
MELBOURNE BCH, FL 32951

New Principal Place of Business:

Current Mailing Address:

210 GALAXY LN.
MELBOURNE BCH, FL 32951

New Mailing Address:

FEI Number: 59-2023599

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A VAN, CATTERTON JR,P.A.
1990 WEST NEW HAVEN AVE
SUITE 104
MELBOURNE, FL 329021598 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VENICE, TOM
Address: 422 CAROUSEL LANE
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: VP () Delete
Name: BOEGLER, JACK
Address: 46 BAROLAY DRIVE
City-St-Zip: KINGSTOWN, RI 02852

Title: T () Delete
Name: DAY, JAMES E
Address: 697 PIER LANE
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: S () Delete
Name: TRUE, RONALD
Address: P.O. BOX 250
City-St-Zip: ORRS ISLAND, ME 04066

Title: D () Delete
Name: BALDRY, GARY
Address: 572 CEDAR PARK LN RR#1
City-St-Zip: ATHENS ONTARIO, CA KOE 1B0 CA

Title: D () Delete
Name: BOYER, SUE
Address: 206 FEWEL ROAD
City-St-Zip: CAMPBELLSBURG, KY 40011

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES E. DAY

T

02/25/2009

Electronic Signature of Signing Officer or Director

Date