

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 12: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 770554 (4)

1. Corporation Name
ORA AT CHOKOLOSKEE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
PO BOX 7105 NAPLES FL 33941 US

3. Date incorporated or Qualified **10/04/1983** 3a. Date of Last Report **05/01/1994**
4. FBI Number **58-1681582** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**KUETER, BEVERLY
2079 J & C BLVD.
~~1051 J & C BLVD~~
NAPLES FL 33942**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
2079 J + C Blvd.
83
84 City **Naples,** FL 85 Zip Code **33942**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BUZZELL, DAVID
STREET ADDRESS	STATE RT 29 NA
CITY - ST - ZIP	CHOKOLOSKEE FL
TITLE	SD
NAME	HAVEMANN, HERBERT
STREET ADDRESS	STATE RT 29 NA
CITY - ST - ZIP	CHOKOLOSKEE FL
TITLE	D
NAME	TROTOKY, JOHN
STREET ADDRESS	68330 GEORGE SMITH COURT
CITY - ST - ZIP	EDWARDSBURG MI
TITLE	DV
NAME	CARLSLE, JOHN
STREET ADDRESS	PO BOX 27 NA
CITY - ST - ZIP	CHOKOLOSKEE FL
TITLE	TD
NAME	MAGGAY, CHARLES
STREET ADDRESS	STATE ROUTE 29
CITY - ST - ZIP	CHOKOLOSKEE FL
TITLE	D
NAME	BOYER, MARM
STREET ADDRESS	STATE RT 29 NA
CITY - ST - ZIP	CHOKOLOSKEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GARY Collins	
1.3 STREET ADDRESS	STATE RT 29 - Lot #191	
1.4 CITY - ST - ZIP	Chokoloskee, FL. 33925	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Bonnie McDevitt	
3.3 STREET ADDRESS	STATE RT 29 - Lot #7	
3.4 CITY - ST - ZIP	Chokoloskee, FL. 33925	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	William Macdermid	
5.3 STREET ADDRESS	STATE RT. 29 - Lot # 203	
5.4 CITY - ST - ZIP	Chokoloskee, FL. 33925	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Richard Wiener	
6.3 STREET ADDRESS	STATE RT. 29 - Lot # 126	
6.4 CITY - ST - ZIP	Chokoloskee, FL. 33925	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Herbert Havemann*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
HERBERT HAVEMANN

4/10/95 813/591-2040
Date City/Phone #