

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 770554 (4)  
1. Corporation Name  
ORA AT CHOKOLOSKEE, INC.



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

3. Date Incorporated or Qualified 10/04/1983  
3a. Date of Last Report 05/01/1995  
4. FEI Number 58-1661582 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KUETER, BEVERLY  
2079 J & C BLVD  
~~1951 J & C BLVD~~  
NAPLES FL 33942

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<del>VD</del> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, GARY	1.2 NAME	
STREET ADDRESS	STATE RT 29 LOT 191	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHOKOLOSKEE FL	1.4 CITY-ST-ZIP	
TITLE	<del>PD</del> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAVEMANN, HERBERT	2.2 NAME	
STREET ADDRESS	STATE RT 29 NA	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHOKOLOSKEE FL	2.4 CITY-ST-ZIP	
TITLE	<del>SD</del> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDEVITT, BONNIE	3.2 NAME	
STREET ADDRESS	STATE RT 29 LOT 7	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHOKOLOSEE FL	3.4 CITY-ST-ZIP	
TITLE	<del>D</del> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLISLE, JOHN	4.2 NAME	
STREET ADDRESS	PO BOX 27 NA	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHOKOLOSKEE FL	4.4 CITY-ST-ZIP	
TITLE	<del>TD</del> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACDERMID, WILLIAM	5.2 NAME	
STREET ADDRESS	STATE RD 29 LOT 203	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHOKOLOSEE FL	5.4 CITY-ST-ZIP	
TITLE	<del>D</del> <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINER, RICHARD	6.2 NAME	
STREET ADDRESS	STATE RD 29 LOT 126	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHOKOLOSKEE FL	6.4 CITY-ST-ZIP	

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Bonnie McDevitt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/96 941/591-2040  
Date Daytime Phone #

CR2E037 (12/95)

ORA At Chokoloskee

# 770554

Continued ....

D

Giguere, Gaston

State RD. 29 Lot 184

Chokoloskee, FL. 33925