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May 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 34101~~
US ~~PO BOX 7105~~
~~NAPLES FL 34101-7105~~
US

3. Date incorporated or Qualified 10/04/1983
3a. Date of Last Report 04/29/1996

2. Principal Place of Business 2a. Mailing Address
21 State Road 29 26 c/o Landmark Mgmt.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27 2310 Immokalee Rd.
City & State City & State
23 Chokoloskee, Florida 28 Naples, Fl 34110
Zip Country Zip Country
24 34138 25 29 Collier

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
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
~~KUETTER, BEVERLY~~
~~2070 J & O BLVD~~
~~NAPLES FL 34102~~

10. Name and Address of New Registered Agent
81 Name Landmark Management CO., Inc.
82 Street Address (P.O. Box Number is Not Acceptable) 2310 Immokalee Rd.
83
84 City Naples, FL 85 Zip Code 34110

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 617.0803, Florida Statutes.
SIGNATURE *Polly W. Butler* Polly W. Butler, Vice President, 5/15/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing registered agent.)

12. OFFICERS AND DIRECTORS
TITLE D DELETE
NAME COLLINS, GARY
STREET ADDRESS STATE RT 29 LOT 191
CITY-ST-ZIP CHOKOLOSKEE FL
TITLE D DELETE
NAME HAVEMANN, HERBERT
STREET ADDRESS STATE RT 29 NA
CITY-ST-ZIP CHOKOLOSKEE FL
TITLE SD DELETE
NAME MCDEVITT, BONNIE
STREET ADDRESS STATE RT 29 LOT 7
CITY-ST-ZIP CHOKOLOSEE FL
TITLE VPD DELETE
NAME CARLISLE, JOHN
STREET ADDRESS PO BOX 27 NA
CITY-ST-ZIP CHOKOLOSKEE FL
TITLE TD DELETE
NAME MACDERMID, WILLIAM
STREET ADDRESS STATE RD 29 LOT 203
CITY-ST-ZIP CHOKOLOSEE FL
TITLE PD DELETE
NAME WEINER, RICHARD
STREET ADDRESS STATE RD 29 LOT 126
CITY-ST-ZIP CHOKOLOSKEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE D Change Addition
NAME Ralph Peters
1.2 NAME St. Rd. 29, Lot 20
1.3 STREET ADDRESS Chokoloskee, Fl
1.4 CITY-ST-ZIP
2.1 TITLE D Change Addition
2.2 NAME Gaston Giquere
2.3 STREET ADDRESS State Rd. 29, #184
2.4 CITY-ST-ZIP Chokoloskee, Fl
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE D Change Addition
4.2 NAME Matt Hoefler
4.3 STREET ADDRESS State Rd. 29, # 33
4.4 CITY-ST-ZIP Chokoloskee, Fl
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE P Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Richard H. Weiner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/97

CR2E037 (9/96)