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Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 770554 (4)
1. Corporation Name
ORA AT CHOKOLOSKEE, INC.



Principal Place of Business		Mailing Address	
STATE ROAD 29 CHOKOLOSKEE FL 34138 US		C/O LANDMARK MGMT. 2310 IMMOKALEE RD NAPLES FL 34110 US	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	c/o Landmark Management		Suite, Apt. #, etc.
22	27	23	28
City & State	4933 Tamiami TR. No., #200	City & State	Naples, FL
24	25	29	30
Zip	Country	Zip	Country
		34103	Collier

3. Date Incorporated or Qualified	10/04/1983
4. FEI Number	58-1661582
Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

LANDMARK MANAGEMENT CO INC.
2310 IMMOKALEE RD
NAPLES FL 34110

10. Name and Address of New Registered Agent

01	Name
02	Street Address (P.O. Box Number Is Not Acceptable)
03	
04	City
05	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 *Polly W. Butler*, **Polly W. Butler, Vice President**, **LandmarkMet.** DATE **4/8/98**

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	D	
NAME	PETERS, RALPH	
STREET ADDRESS	ST RD 29, LOT 20	
CITY-ST-ZIP	CHOKOLOSKEE FL	
TITLE	D	
NAME	GIOQUERE, GASTON	
STREET ADDRESS	ST RD 29, LOT 184	
CITY-ST-ZIP	CHOKOLOSKEE FL	
TITLE	SD	
NAME	MCDEVITT, BONNIE	
STREET ADDRESS	STATE RT 29 LOT 7	
CITY-ST-ZIP	CHOKOLOSEE FL	
TITLE	D	
NAME	HOEFLER, MATT	
STREET ADDRESS	ST RD 29, LOT 33	
CITY-ST-ZIP	CHOKOLOSKEE FL	
TITLE	TD	
NAME	MACDERMID, WILLIAM	
STREET ADDRESS	STATE RD 29 LOT 203	
CITY-ST-ZIP	CHOKOLOSEE FL	
TITLE	P	
NAME	WEINER, RICHARD	
STREET ADDRESS	STATE RD 29 LOT 128	
CITY-ST-ZIP	CHOKOLOSKEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	President	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.2 NAME	Donald Richmond		
6.3 STREET ADDRESS	St. Rd. 29, Lot # 233		
6.4 CITY-ST-ZIP	Chokoloskee, FL		

14. I 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: *William MacDermid* DATE: **4/19/98**

CFR2037 (1097)