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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90153 003 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 770554

1. Corporation Name

ORA AT CHOKOLOSKEE, INC.

533435 - 90153 - 3

Principal Place of Business

STATE ROAD 29
 CHOKOLOSKEE FL 34138
 US

Mailing Address

C/O LANDMARK MGMT.
 4933 TAMIAMI TRL N. #200
 NAPLES FL 34103
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country 30

3. Date Incorporated or Qualified

10/04/1983

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

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

81 Name Landmark Management Co., Inc.
 82 Street Address (P.O. Box Number is Not Acceptable) 4933 Tamiami Tr. No., #200
 83 Naples, FL 34103
 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 *Polly W. Butler*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/1/99
 DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PETERS, RALPH	
STREET ADDRESS	ST RD 29, LOT 20	
CITY-ST-ZIP	CHOKOLOSKEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GIQUERE, GASTON	
STREET ADDRESS	ST RD 29, LOT 184	
CITY-ST-ZIP	CHOKOLOSKEE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MCDEVITT, BONNIE	
STREET ADDRESS	STATE RT 29 LOT 7	
CITY-ST-ZIP	CHOKOLOSEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOEFLER, MATT	
STREET ADDRESS	ST RD 29, LOT 33	
CITY-ST-ZIP	CHOKOLOSKEE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MACDERMID, WILLIAM	
STREET ADDRESS	STATE RD 29 LOT 203	
CITY-ST-ZIP	CHOKOLOSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RICHARD, DONALD	
STREET ADDRESS	STATE RD 29, LOT 233	
CITY-ST-ZIP	CHOKOLOSKEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Shirley Camejo
3.3 STREET ADDRESS	St. Road. 29, Lot 142
3.4 CITY-ST-ZIP	Chokoloskee, FL 34138
4.1 TITLE	DT <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Jerry Moore
4.3 STREET ADDRESS	St. Rd. 29, Lot 76
4.4 CITY-ST-ZIP	Chokoloskee, FL 34138
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Donald Richmond
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Polly W. Butler*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/99
 Date

Polly W. Butler
 Daytime Phone #

CR2E037 (1/98)