


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 19, 2004 8:00 am
Secretary of State

04-29-2004 90309 035 ****61.25

DOCUMENT # 770554			
1. Entity Name ORA AT CHOKOLOSKEE, INC.			
Principal Place of Business STATE ROAD 29 CHOKOLOSKEE FL 34138 US		Mailing Address C/O FMS 5020 TAMAMI TRAIL NORTH, #200 NAPLES FL 34103 US	
2. Principal Place of Business		3. Mailing Address 4985 East Tamiami Trail	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Naples, FL		4. FEI Number 58-1661582	
Zip 34113		Country	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FINANCIAL MANAGEMENT SERVICES 5020 TAMAMI-TRAIL N., #200 NAPLES FL 34103		7. Name and Address of New Registered Agent Name Collier Financial, One Street Address (P.O. Box Number is Not Acceptable) Stephen P. Hart 4985 East Tamiami Trail City Naples FL Zip Code 34113	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Step P. Hart</i></u> DATE <u>5/14/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERS, RALPH ST RD 29, LOT 20 CHOKOLOSKEE FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Eustafson, Linda St Rd 29, Lot 220 Chokoloskee, FL 34138 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD YOUNG, ROBERT ST RD 29, LOT 61 CHOKOLOSKEE FL 34138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAMEJO, SHIRLEY STATE RD 29 LAOT 142 CHOKOLOSEE FL 34138 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SO Sling, Gerry St Rd 29, Lot 91 Chokoloskee, FL 34138 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOORE, JERRY ST RD LOTG 76 CHOKOLOSKEE FL 34138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUIMBY, CYNTHIA SR 29 - LOT 43 CHOKOLOSKEE FL 34138 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marcoux, Andre st rd 29, lot 27 Chokoloskee, FL 34138 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOESON, FRANK STATE RD 29, LOT 252 CHOKOLOSKEE FL 34138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>Robert A. Young</i></u> Vice President		Date _____ Daytime Phone # _____	

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MOORE CR2E037 (11/03)