

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# 770554

Entity Name: ORA AT CHOKOLOSKEE, INC.

Current Principal Place of Business:

STATE ROAD 29
CHOKOLOSKEE, FL 34138 US

New Principal Place of Business:

Current Mailing Address:

4985 E TAMIAMI TRAIL
NAPLES, FL 34113 US

New Mailing Address:

P.O. BOX 11209
NAPLES, FL 34101 US

FEI Number: 58-1661582 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLIER FINANCIAL, INC
STEPHEN P. HART
4985 E TAMIAMI TRAIL
NAPLES, FL 34113 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GUSTAFSON, LINDA
Address: ST RD 29 LOT 220
City-St-Zip: CHOKOLOSKEE, FL 34138

Title: VPD () Delete
Name: YOUNG, ROBERT
Address: ST RD 29, LOT 61
City-St-Zip: CHOKOLOSKEE, FL 34138

Title: SD () Delete
Name: SLINN, GERRY
Address: SR 29 LOT 91
City-St-Zip: CHOKOLOSKEE, FL 34138

Title: PD () Delete
Name: MOORE, JERRY
Address: ST RD LOTG 76
City-St-Zip: CHOKOLOSKEE, FL 34138

Title: D () Delete
Name: MARCOUX, ANDRE
Address: SR 19 LOT 277
City-St-Zip: CHOKOLOSKEE, FL 34138

Title: TD () Delete
Name: GOESON, FRANK
Address: STATE RD 29, LOT 252
City-St-Zip: CHOKOLOSKEE, FL 34138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: GUSTAFSON, LINDA
Address: ST RD 29 LOT 220
City-St-Zip: CHOKOLOSKEE, FL 34138

Title: D (X) Change () Addition
Name: YOUNG, ROBERT
Address: ST RD 29, LOT 61
City-St-Zip: CHOKOLOSKEE, FL 34138

Title: PD (X) Change () Addition
Name: MOORE, JERRY
Address: ST RD 29, LOT 76
City-St-Zip: CHOKOLOSKEE, FL 34138

Title: VPD (X) Change () Addition
Name: MACLAY, CHARLES
Address: SR 19 LOT 265
City-St-Zip: CHOKOLOSKEE, FL 34138

Title: TD (X) Change () Addition
Name: SHELBURNE, WILLIAM
Address: SR 19 LOT 199
City-St-Zip: CHOKOLOSKEE, FL 34138

Title: D (X) Change () Addition
Name: GOESON, FRANK
Address: STATE RD 29, LOT 252
City-St-Zip: CHOKOLOSKEE, FL 34138

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERRY MOORE

PD

04/26/2005

Electronic Signature of Signing Officer or Director

Date