

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2006**  
**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:**

P.O. BOX 11209  
NAPLES, FL 34101 US

**New Mailing Address:**

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

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

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

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

04/28/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date