

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770554

FILED
Apr 28, 2006
Secretary of State

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