

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770554

FILED
Apr 15, 2009
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:

COLLIER FINANCIAL, INC.
4985 TAMiami TRAIL E.
NAPLES, FL 34113 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: TD () Delete
Name: WILLSON, DICK
Address: 16076 LEWIS LAKE DR
City-St-Zip: VANDALIA, MI 49095

Title: D () Delete
Name: SONDERFAN, MARLINE
Address: ST RD 29, LOT 82
City-St-Zip: CHOKOLOSKEE, FL 34138

Title: SD () Delete
Name: WEIGOLD, RICH
Address: PO BOX 541044
City-St-Zip: CINCINNATI, OH 45254

Title: VD () Delete
Name: RICHMOND, DON
Address: ST RD 29, LOT 229
City-St-Zip: CHOKOLOSKEE, FL 34138

Title: PD () Delete
Name: BERRY, SAMUEL (DICK)
Address: 417 ST. CLARE DR.
City-St-Zip: OWENSBORO, KY 42303

Title: D () Delete
Name: GRAHAM, LARRY D
Address: ST RD 29, LOT 208
City-St-Zip: CHOKOLOSKEE, FL 34138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WILLSON, DICK
Address: 16076 LEWIS LAKE DR
City-St-Zip: VANDALIA, MI 49095

Title: VD (X) Change () Addition
Name: LAESER, JOYCE
Address: POB 844
City-St-Zip: CHOKOLOSKEE, FL 34138

Title: TD (X) Change () Addition
Name: KRUEGER, MARY
Address: POB 233
City-St-Zip: CHOKOLOSKEE, FL 34138

Title: SD (X) Change () Addition
Name: GUSTAFSON, LINDA
Address: POB 834
City-St-Zip: CHOKOLOSKEE, FL 34138

Title: D (X) Change () Addition
Name: MAYBERRY, KENT
Address: 53 MARS DRIVE
City-St-Zip: ASHEVILLE, NC 28804

Title: PD (X) Change () Addition
Name: GRAHAM, LARRY D
Address: ST RD 29, LOT 208
City-St-Zip: CHOKOLOSKEE, FL 34138

I hereby certify that the information supplied with this filing does not qualify 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: LARRY D. GRAHAM

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date