

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770554

FILED  
Apr 08, 2011  
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: P  
Name: WEIGOLD, RICHARD  
Address: PO BOX 541044  
City-St-Zip: CINCINNATI, OH 45254

Title: D  
Name: NIXON, JANE  
Address: P.O. BOX 191  
City-St-Zip: CHOKOLOSKEE, FL 34138

Title: VD  
Name: KRUEGER, MARY  
Address: POB 233  
City-St-Zip: CHOKOLOSKEE, FL 34138

Title: SD  
Name: GUSTAFSON, LINDA  
Address: POB 834  
City-St-Zip: CHOKOLOSKEE, FL 34138

Title: D  
Name: MCLEAN, TOM  
Address: 15957 ORCHARD PT DR  
City-St-Zip: SPRING LAKE, MI 49456

Title: TD  
Name: BARTON, WALLACE  
Address: P.O BOX 459  
City-St-Zip: CHOKOLOSKEE, FL 34138

I hereby 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 all other like empowered.

SIGNATURE: RICHARD WEIGOLD

PD

04/08/2011

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

\_\_\_\_\_  
Date