


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90181 044 ****61.25

DOCUMENT # 770554
1. Entity Name
ORA AT CHOKOLOSKEE, INC.



Principal Place of Business Mailing Address
STATE ROAD 29 **C/O FMS**
CHOKOLOSKEE FL 34138 **5020 TAMiami TRAIL NORTH. #200**
US **NAPLES FL 34103**
 US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **58-1661582** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
~~FINANCIAL MANAGEMENT-SERVICES~~
5020 TAMiami TRAIL N., #200
NAPLES FL 34103

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PETERS, RALPH	
STREET ADDRESS	ST RD 29, LOT 20	
CITY-ST-ZIP	CHOKOLOSKEE FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	YOUNG, ROBERT	
STREET ADDRESS	ST RD 29, LOT 61	
CITY-ST-ZIP	CHOKOLOSKEE FL 34138	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CAMEJO, SHIRLEY	
STREET ADDRESS	STATE RD 29 LAOT 142	
CITY-ST-ZIP	CHOKOLOSEE FL 34138	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MOORE, JERRY	
STREET ADDRESS	ST RD LOTG 76	
CITY-ST-ZIP	CHOKOLOSKEE FL 34138	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HYNEK, NORMBA	
STREET ADDRESS	STATE RD 29	
CITY-ST-ZIP	CHOKOLOSEE FL 34138	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GOESON, FRANK	
STREET ADDRESS	STATE RD 29, LOT 252	
CITY-ST-ZIP	CHOKOLOSKEE FL 34138	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	QUIMBY, CYNTHIA	
STREET ADDRESS	ST RD 29-LOT 43	
CITY-ST-ZIP	CHOKOLOSKEE, FL 34138	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Frank Goeson* **FRANK GOESON**

CR2E037 (10/02)