

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 08, 2016

**Secretary of State
CC6138296289**

DOCUMENT# 753767

Entity Name: ORA AT MELBOURNE BEACH, INC.

Current Principal Place of Business:

210 GALAXY LANE
MELBOURNE BEACH, FL 32901

Current Mailing Address:

210 GALAXY LANE
MELBOURNE BEACH, FL 32901

FEI Number: 59-2023599

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHARLES, GOODING
210 GALAXY LANE
MELBOURNE BEACH, FL 32951 US

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

Officer/Director Detail :

Title P
Name DAY, JAMES E
Address 697 PIER LANE
City-State-Zip: MELBOURNE BEACH FL 32951

Title DIRECTOR
Name HOUCK, BILL
Address 691 GALAXY LANE
City-State-Zip: MELBOURNE BEACH FL 32951

Title T
Name HOPAY, JAY
Address 584 HORIZON LANE
City-State-Zip: MELBOURNE BEACH FL 32951

Title S
Name TRUE, RONALD
Address 38 BANGS SHORE ROAD
City-State-Zip: ORRS ISLAND ME 04066

Title VP
Name BEGUE, EVELYN
Address 3372 DOCKSIDE LANE
City-State-Zip: MELBOURNE BEACH FL 32951

Title D
Name TABOR, JANEY
Address 435 HORIZON LANE
City-State-Zip: MELBOURNE BEACH FL 32951

Title DIRECTOR
Name GLUECK, RAY
Address 2827 INDIGO BAY DRIVE
City-State-Zip: KISSIMEE FL 34744

Title DIRECTOR
Name ZUMBRO, DALE
Address 46 MORGANSHIRE DRIVE
City-State-Zip: BELLA VISTA AZ 72714

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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: JAMES E. DAY

PRESIDENT

03/08/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name KORRIE, TONY
Address 4112 ONEIDA STREET
City-State-Zip: NEW HARTFORD NY 13413