

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 753767

**FILED**  
**Feb 17, 2021**  
**Secretary of State**  
**0702654137CC**

**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 JANIAK, CHERYL  
Address 490 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 467 PIER LANE  
City-State-Zip: MELBOURNE BEACH FL 32951

Title DIRECTOR  
Name SHIRKEY, EDWARD  
Address 657 PIER LANE  
City-State-Zip: MELBOURNE BEACH FL 32951

Title DIRECTOR  
Name BUCHELL, JOHN  
Address 446 PIER LANE  
City-State-Zip: MELBOURNE BEACH FL 32951

Title DIRECTOR  
Name CEDERLUND, CHERI  
Address 741 GALAXY LANE  
City-State-Zip: MELBOURNE BEACH FL 32951

Title DIRECTOR  
Name JACKSON, TOM  
Address 20477 MULBERRY LANE  
City-State-Zip: BIG RAPIDS MI 49307

**Continues on page 2**

*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**

**02/17/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            JORDAN, C.F.  
Address        3607 LABREDOR LN.  
City-State-Zip: SUFFOLK VA 23434