

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 15, 2019
Secretary of State
3123315649CC

Entity Name: ORA AT CHOKOLOSKEE, INC.

Current Principal Place of Business:

150 SMALLWOOD DR. #114
CHOKOLOSKEE, FL 34138

Current Mailing Address:

COLLIER FINANCIAL, INC.
4985 TAMIAMI TRAIL E.
NAPLES, FL 34113 US

FEI Number: 58-1661582

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HART, STEPHEN P
C/O COLLIER FINANCIAL, INC
4985 TAMIAMI TRAIL E
NAPLES, FL 34113 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 PD
Name COGLEY, BILL
Address 150 SMALLWOOD DR. #203
City-State-Zip: CHOKOLOSKEE FL 34138

Title VPD
Name FLOYD, DANNY
Address 150 SMALLWOOD DR. #162
City-State-Zip: CHOKOLOSKEE FL 34138

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

Title TD
Name KRUEGER, JOHN
Address 150 SMALLWOOD DR. #029
City-State-Zip: CHOKOLOSKEE FL 34138

Title D
Name RONDENET, LEON
Address C/O COLLIER FINANCIAL, INC
4985 TAMIAMI TRAIL E
City-State-Zip: NAPLES FL 34113

Title D
Name MOL, MICHAEL
Address 150 SMALLWOOD DR. #130
City-State-Zip: CHOKOLOSKEE FL 34138

Title D
Name MAYERAT, TIMOTHY
Address 150 SMALLWOOD DR, #075
City-State-Zip: CHOKOLOSKEE FL 34108

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: BILL COGLEY

PRESIDENT

03/15/2019

Electronic Signature of Signing Officer/Director Detail

Date