

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770554

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
STEPHEN P. HART
4985 E TAMIAMI TRAIL
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 VPD
Name WACHHOLZ, WOLFGANG
Address 150 SMALLWOOD DR. #108
City-State-Zip: CHOKOLOSKEE FL 34138

Title D
Name YOUNG, WILLIAM
Address 150 SMALLWOOD DR. #026
City-State-Zip: CHOKOLOSKEE FL 34138

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

Title PD
Name OFFENBACHER, ANN
Address 150 SMALLWOOD DR. #114
City-State-Zip: CHOKOLOSKEE FL 34138

Title TD
Name BURNETT, JAMES
Address 150 SMALLWOOD DR. #204
City-State-Zip: CHOKOLOSKEE FL 34138

Title D
Name GOESEN, FRANK
Address 150 SMALLWOOD DR. #163
City-State-Zip: CHOKOLOSKEE FL 34138

Title D
Name SWISHER, BOB
Address 150 SMALLWOOD DR. #053
City-State-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: JAMES BURNETT

T

04/15/2015

Electronic Signature of Signing Officer/Director Detail

_____ Date