


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N36441 (6)**  
 1. Corporation Name  
**OAK RIDGE OF STUART HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>29 S.W. 36TH COURT MIAMI FL 33135</b>	Mailing Address <b>29 S.W. 36TH COURT MIAMI FL 33135</b>
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3. Date Incorporated or Qualified <b>02/02/1990</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>65-0193340</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>3399 Ponce de Leon Blvd.</b>	2a. Mailing Address 26 <b>3399 Ponce de Leon Blvd.</b>
Suite, Apt. #, etc. 22 <b>Suite 104</b>	Suite, Apt. #, etc. 27 <b>Suite 104</b>
City & State 23 <b>Coral Gables, Florida</b>	City & State 28 <b>Coral Gables, Florida</b>
Zip 24 <b>33134</b>	Country 25 <b>USA</b>
Zip 29 <b>33134</b>	Country 30 <b>USA</b>

9. Name and Address of Current Registered Agent  
**VALLE, ALBERTO  
 29 S.W. 36TH COURT  
 MIAMI 33135**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>3399 PONCE DE LEON BLVD.</b>
83	<b>SUITE 104</b>
84 City	<b>CORAL GABLES, FL</b>
85 Zip Code	<b>33134</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>GARCIA, ALFONSO</b>	
STREET ADDRESS	<b>29 SW 36TH COURT</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>DVS</b>	<input type="checkbox"/> DELETE
NAME	<b>VALLE, ALBERTO</b>	
STREET ADDRESS	<b>29 SW 36TH COURT</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LABARTINO, VINCENZO</b>	
STREET ADDRESS	<b>29 SW 36TH CT.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>CALDERON-FLORES, PURA</b>	
STREET ADDRESS	<b>29 SW 36TH CT.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>3399 Ponce de Leon Blvd. Suite 104</b>
1.4 CITY-ST-ZIP	<b>CORAL GABLES, FLORIDA 33134</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>3399 Ponce de Leon Blvd. Suite 104</b>
2.4 CITY-ST-ZIP	<b>CORAL GABLES, FLORIDA 33134</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>3399 Ponce de Leon Blvd. Suite 104</b>
3.4 CITY-ST-ZIP	<b>CORAL GABLES, FLORIDA 33134</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>3399 Ponce de Leon Blvd. Suite 104</b>
4.4 CITY-ST-ZIP	<b>CORAL GABLES, FLORIDA 33134</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alberto Valle **ALBERTO VALLE** 7/31/96 305-4439454  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)