
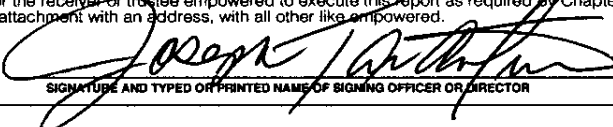


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90019 010 ****61.25

DOCUMENT # N36441			
1. Entity Name OAK RIDGE OF STUART HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business C/O ROSS EARLE & BONAN, P.A. 759 S. FEDERAL HWY, SUITE 212 STUART, FL 34994 US		Mailing Address C/O ROSS EARLE & BONAN, P.A. 759 S. FEDERAL HWY, SUITE 212 STUART, FL 34994 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROSS, DEBORAH L ESQ C/O ROSS EARLE & BONAN, P.A. 759 S. FEDERAL HWY, SUITE 212 STUART, FL 34994		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCNAMARA, JIM	NAME	NEIL FRIEDMAN
STREET ADDRESS	12825 SE SUZANNE	STREET ADDRESS	2438 SW CARRIAGE PLACE
CITY-ST-ZIP	HOBE SOUND, FL 33445	CITY-ST-ZIP	PALM CITY - FL - 34990
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANGORGE, DAVE	NAME	GORDON MENDELSON
STREET ADDRESS	12825 SE SUZANNE	STREET ADDRESS	2580 SW HIDDEN POND WAY
CITY-ST-ZIP	HOBE SOUND, FL 33445	CITY-ST-ZIP	PALM CITY FL 34990
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VALLE, ALBERTO	NAME	JOSEPH TARANTINO
STREET ADDRESS	3999 PONCE DE LEON BLVD #104	STREET ADDRESS	1182 SW WHISPER RIDGE TRAIL
CITY-ST-ZIP	CORAL GABLES, FL	CITY-ST-ZIP	PALM CITY FL 34990
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSS, KATHERINE	NAME	JACK FAULKNER
STREET ADDRESS	655 SW WHISPERING PALM LANE	STREET ADDRESS	1128 SW WHISPER RIDGE TRAIL
CITY-ST-ZIP	PALM CITY, FL 34990	CITY-ST-ZIP	PALM CITY FL 34990
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCNAMARA, LARRY	NAME	RICHARD KJELLSTROM
STREET ADDRESS	12825 SE SUZANNE	STREET ADDRESS	713 WHISPER RIDGE TRAIL
CITY-ST-ZIP	HOBE SOUND, FL 34990	CITY-ST-ZIP	PALM CITY FL 34990
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1,19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

94020941



01222004 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0193340 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required