


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90310 043 ****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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country

4. FEI Number
65-0193340

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ROSS, DEBORAH L ESQ
C/O ROSS EARLE & BONAN, P.A.
759 S. FEDERAL HWY, SUITE 212
STUART, FL 34994

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$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 FRIEDMAN, NEIL 2438 SW CARRIAGE PLACE PALM CITY, FL 34990	TITLE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BILL MOORE 673 SW WHISPERING PINE LAKE, PALM CITY, FL 34990
TITLE PD	<input checked="" type="checkbox"/> Delete MENDELSON, GORDON 2580 SW HIDDEN POND WAY PALM CITY, FL 34990	TITLE VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KEN BAILEY 2420 SW CARRIAGE PLACE PALM CITY FL 34990
TITLE D	<input checked="" type="checkbox"/> Delete TARANTINO, JOSEPH 1182 SW WHISPER RIDGE TRAIL PALM CITY, FL 34990	TITLE SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JACK FAULKNER 1128 SW WHISPER RIDGE TRAIL PALM CITY FL 34990
TITLE SD	<input checked="" type="checkbox"/> Delete FAULKNER, JACK 1128 SW WHISPER RIDGE TRAIL PALM CITY, FL 34990	TITLE TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition JOE TARANTINO 1182 SW Whisperm Ridge Trail Palm City FL 34990
TITLE D	<input checked="" type="checkbox"/> Delete JELLSTROM, RICHARD K 7123 WHISPER RIDGE TRAIL HOBE SOUND, FL 34990	TITLE DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition Tim Rabbitt 2101 SW Oak Ridge Road Palm City FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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:  **BILL MOORE** **4/18/05** **772-791-0450**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

50043858

