
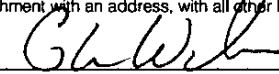


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90007 050 \*\*\*\*61.25

|  |  |  |   |
|--|--|--|---|
| <b>DOCUMENT # N36441</b>   |  |   |   |
| 1. Entity Name<br>OAK RIDGE OF STUART HOMEOWNERS ASSOCIATION, INC.   |  | Mailing Address<br>C/O ROSS EARLE & BONAN, P.A.<br>759 S. FEDERAL HWY, SUITE 212<br>STUART, FL 34994 US                          |   |
| Principal Place of Business<br>C/O ROSS EARLE & BONAN, P.A.<br>759 S. FEDERAL HWY, SUITE 212<br>STUART, FL 34994 US  |  | Mailing Address<br>C/O ROSS EARLE & BONAN, P.A.<br>759 S. FEDERAL HWY, SUITE 212<br>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   |
| 4. FEI Number<br>65-0193340  |  | Applied For<br>Not Applicable  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | \$8.75 Additional Fee Required   |   |
| 6. Name and Address of Current Registered Agent<br>ROSS, DEBORAH L ESQ<br>C/O ROSS EARLE & BONAN, P.A.<br>759 S. FEDERAL HWY, SUITE 212<br>STUART, FL 34994  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |  |   |
| Filing Fee is \$61.25 Due by May 1, 2006   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                     |   |
| 10. OFFICERS AND DIRECTORS   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>MOORE, BILL<br>673 SW WHISPERING PINE LANE<br>PALM CITY, FL 34990 <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P/D<br>Bill Moore<br>673 SW Whispering Palm Lane<br>Palm City FL 34990 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V<br>BAILEY, KEN<br>2420 SW CARRIAGE PLACE<br>PALM CITY, FL 34990 <input checked="" type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P/D<br>Glen Wilner<br>1193 SW Middlestream Crt<br>Palm City FL 34990 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>PAULKNER, JACK<br>1128 SW WHISPER RIDGE TRAIL<br>PALM CITY, FL 34990 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP/D<br>Marty Curnan<br>2102 SW Oak Ridge Rd.<br>Palm City FL 34990 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>TARANTINO, JOE<br>1182 SW WHISPER RIDGE TRAIL<br>PALM CITY, FL 34990 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>Jay Scarry<br>894 SW Whisper Ridge Tr.<br>Palm City FL 34990 <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>RABBITT, TIM<br>2101 SW OAK RIDGE ROAD<br>PALM CITY, FL 34990 <input type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemptions contained in Chapter 119, 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: 3/13/06 Daytime Phone #: 861-248-2819  |   |