

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90026 026 ****61.25

20007151



02072007 Chg-NP CR2E037 (12/06)

4. FEI Number **65-0193340** Applied For Not Applicable

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

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 - No P.O. Box #
 Suite, Apt. #, etc.

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

City & State

Zip Country

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOORE, BILL	
STREET ADDRESS	673 SW WHISPERING PINE LANE	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WILNER, GLEN	
STREET ADDRESS	1193 SW MIDDLESTREAM CRT	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CURRAN, MARTY	
STREET ADDRESS	2102 SW OAK RIDGE RD	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	S	<input type="checkbox"/> Delete
NAME	SCARRY, JAY	
STREET ADDRESS	894 SW WHISPER RIDGE TR	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	D	<input type="checkbox"/> Delete
NAME	RABBITT, TIM	
STREET ADDRESS	2101 SW OAK RIDGE ROAD	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Glen Wilner	
STREET ADDRESS	1193 SW Middle Stream Ct.	
CITY-ST-ZIP	Palm City FL 34990	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Julie Albert	
STREET ADDRESS	2534 SW Oak Ridge Rd	
CITY-ST-ZIP	Palm City FL 34997	

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: Timothy J. Rabbitt **Timothy J. Rabbitt** 3/12/07 772-781-0010

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