
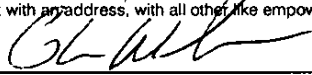


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90028 040 \*\*\*\*61.25

<b>DOCUMENT # N36441</b>							
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 #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 65-0193340			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
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 _____				
Filing Fee is \$81.25 Due by May 1, 2008			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 NAME STREET ADDRESS CITY-ST-ZIP	P WILNER, GLEN 1193 SW MIDDLESTREAM CRT PALM CITY, FL 34990	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ED GIFFORD 761 SW LONG LAKE COURT PALM CITY FL 34990			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CURRAN, MARTY 2102 SW OAK RIDGE RD PALM CITY, FL 34990	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCARRY, JAY 894 SW WHISPER RIDGE TR PALM CITY, FL 34990	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT JAY SCARRY 894 SW WHISPER RIDGE TRAIL PALM CITY FL 34990			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RABBITT, TIM 2101 SW OAK RIDGE ROAD PALM CITY, FL 34990	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBERT, JULIE 2534 SW OAK RIDGE RD. PALM CITY, FL 34997	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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: 3/27/08				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #				