2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT DOCUMENT # N36441 1. Entity Name OAK RIDGE OF STUART HOMEOWNERS ASSOCIATION, INC.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



FILED	
Apr 04, 2008 8:00 am	ì
Secretary of State	_
04-04-2008 90028 040 ****61 25	

Daytime Phone #

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	rle & Bonan, P.A. Ral Hwy, Suite 212	Mailing Address C/O ROSS EARLE & BONAN, P.A. 759 S. FEDERAL HWY, SUITE 212 STUART, FL 34994 US								
Principal Place of Business - No P.O. Box # Mailing Address						3 till 6 til Eles III				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02272008 Chg-NP CR2E037 (12/06)					
City & State		City & State			4. FEI Number 65-01933	40		\rightarrow	olied For Applicable	
Zip	Country	Zip	Country		5. Certificate of S	Status Desired		75 Addi Required		
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent						
ROSS, DEBORAH LESQ 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 Lip 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 ts \$61.25 Due by May 1, 2008 9. Election Campaign Financing \$5.00 May Be Added to Fees Added to Fees Make check payable to Florida Department of State									1	
10.	OFFICERS AND DIR	ECTORS	11.		DDITIONS/CHAN	GES TO OFFICE	RS AND DIRECT	TORS IN	10	
₩trt€	Р	☐ Delete	TITLE	_	RETARY		_	Change	Addition	
NAME	WILNER, GLEN		NAME	EP.	SW LON	V- LAK	F COU	LET	}	
STREET ADDRESS	1193 SW MIDDLESTREAM CRT		STREET ADDRESS CITY-ST-ZIP	1461			4990		}	
CITY-ST-ZIP	PALM CITY, FL 34990			PAU	m city	PC 5				
TITLE	VP CURRAN, MARTY	🔀 Delete	TITLE				L	Change	☐ Addition	
NAME STREET ADDRESS	2102 SW OAK RIDGE RD		NAME STREET ADDRESS							
CITY-ST-ZIP	PALM CITY, FL 34990		CITY-ST-ZIP	ł					į	
TITLE	S	☐ Delete	TITLE	VICE	PRESID	ENT	IOI	Change	Addition	
NAME	SCARRY, JAY	Delete	NAME	I	2220P	ì	•		_	
STREET ADDRESS	894 SW WHISPER RIDGE TR		STREET ADDRESS	000	SWINIH	15PEL	RIDGE	4KY	┨┗-	
CITY - ST - ZIP	PALM CITY, FL 34990		CITY-ST-ZIP	PAL	SCARRY SW WH M CITY	FI.	34990			
TITLE	Т	☐ Delete	TITLE		·			Change	Addition	
NAME	RABBITT, TIM		NAME						İ	
STREET ADDRESS	2101 SW OAK RIDGE ROAD		STREET ADDRESS							
CITY-ST-ZIP	PALM CITY, FL 34990		CITY-ST-ZIP							
TITLE	D	☐ Delete	TITLE					Change	Addition	
NAME	ALBERT, JULIE		NAME							
STREET ADDRESS	2534 SW OAK RIDGE RD.		STREET ADDRESS							
CITY-ST-ZIP	PALM CITY, FL 34997		CITY-ST-ZIP							
TITLE	_	☐ Delete	TITLE					Change	☐ Addition	
NAME	<u> </u>		NAME STREET A DODGGG							
STREET AODRESS CITY-ST-ZIP	 		STREET ADDRESS CITY-ST-ZIP			•			l	
		ship siling place and a large for		L	- Charles 110 C	orido Ctatuta 1	Euchar a 12 - 14	at th = !=	formetic-	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, Liturther certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal affect as if made under oath; that I am an officer or director										
Interest yearly that the information supplies with this little does not quality for the exemptions contained in Contained in this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under each; 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 anyaddress, with all otherwike empowered.										
SIGNATURE: SIZVISS										