

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36441

FILED
Feb 03, 2009
Secretary of State

Entity Name: OAK RIDGE OF STUART HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

11210 SW FOX BROWN RD
INDIANTOWN, FL 34956 US

Current Mailing Address:

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

New Mailing Address:

P.O. BOX 6059
STUART, FL 34997 US

FEI Number: 65-0193340

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILNER, GLEN
Address: 1193 SW MIDDLESTREAM CRT
City-St-Zip: PALM CITY, FL 34990

Title: VP () Delete
Name: SCARRY, JAY
Address: 894 SW WHISPER RIDGE TRAIL
City-St-Zip: PALM CITY, FL 34990

Title: T () Delete
Name: RABBITT, TIM
Address: 2101 SW OAK RIDGE ROAD
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: ALBERT, JULIE
Address: 2534 SW OAK RIDGE RD.
City-St-Zip: PALM CITY, FL 34997

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WILNER, GLEN
Address: 1193 SW MIDDLESTREAM CRT
City-St-Zip: PALM CITY, FL 34990 US

Title: VP (X) Change () Addition
Name: SCARRY, JAY
Address: 894 SW WHISPER RIDGE TRAIL
City-St-Zip: PALM CITY, FL 34990 US

Title: T (X) Change () Addition
Name: RABBITT, TIM
Address: 2101 SW OAK RIDGE ROAD
City-St-Zip: PALM CITY, FL 34990 US

Title: D (X) Change () Addition
Name: FAULKNER, JACK
Address: 1128 SW WHISPER RIDGE TRAIL
City-St-Zip: PALM CITY, FL 34997 US

Title: S () Change (X) Addition
Name: NESTLE, CINDY
Address: 659 SW WHISPER RIDGE TRAIL
City-St-Zip: PALM CITY, FL 34990 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLEN WILNER

P

02/03/2009

Electronic Signature of Signing Officer or Director

Date