## N3641

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(Red	questor's Name)			
(Add	dress)			
(Add	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				





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## **COVER LETTER**

	ndment Section sion of Corporations			
SUBJECT: Oak Ridge of Stuart Homeowners Association, Inc.  Name of Corporation				
DOCUMEN	T NUMBER: N	36441		
The enclosed	Statement of Change of Registered Office/A	Agent and fee are submitted for filing.		
Please return	all correspondence concerning this matter to	o the following:		
Deborah Ross, Esquire				
	Name of Conta	act Person		
	Ross Earle & E	Bonan P A		
	Firm/Com			
	789 S Federal High	nway, Suite 101		
	Addre	ss		
	Stuart El	3/100/		
Stuart, FL 34994 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further in	formation concerning this matter, please cal	l:		
	Deborah Ross	772 287-1745		
	Name of Contact Person	at (772 ) 287-1745 Area Code & Daytime Telephone Number		
Enclosed is a	\$35.00 check made payable to the Departm	ent of State.		
	Mailing Address: Amendment Section	Street Address: Amendment Section		
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building		
	Tallahassee, FL 32314	2661 Executive Center Circle		

CR2E045 (8/05)

Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stange is submitted for a corporation organized under the laws of the State of $\frac{Flc}{C}$	orida	
	r to change its registered office or registered agent, or both, in the State of Flor		
	he corporation: Oak Ridge of Stuart Homeowners Associat	ion, inc.	
	office address: 11210 SW Fox Brown Road		
	i, FL 34956		
_	ddress (if different): PO Box 1577 y, FL 3491		
4. Date of incorp	oration/qualification: 02/02/1990 Document number:	N36441	
	street address of the current registered agent and registered office on file with tment of State: (If resigned, enter resigned)	the	
	Deborah Ross		
	759 S Federal Highway, Suite 212		
	Stuart, FL 34994	TA JU	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	NISION OF CORPORATIONS IN JUL -5 PH 2:57	
	Ross Earle & Bonan, P.A.	7: AN	
	789 S Federal Highway, Suite 101 P.O. Box NOT acceptable	57	
	Stuart, FL 34994		
	ess of its registered office and the street address of the business office of its be identical.		
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an one board, or the corporation has been notified in writing of the change.	fficer so	
Lmo	the 1 Callett Timby J. Rabbit Printed or typed name and title	President	
I hereby accept I further agree to of my duties, an document is beil corporation has	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and comp d I am familiar with and accept the obligation of my position as registered ng filed merely to reflect a change in the registered office address, I hereby been notified in writing of this change.	lete performance agent. Or, if this confirm that the	
Sig	u 2 6/28/11 nature of Registered Agent Date		
If signing on be	half of an entity:		
EUZABETT	yped or Printed Name		

\* \* \* FILING FEE: \$35.00 \* \* \*