

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N36441

**FILED  
Mar 28, 2013  
Secretary of State  
CC6199901643**

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

**Current Principal Place of Business:**

11210 SW FOX BROWN RD  
INDIANTOWN, FL 34956

**Current Mailing Address:**

P.O. BOX 1577  
PALM CITY, FL 34991 US

**FEI Number:** 65-0193340

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROSS EARLE & BONAN P.A.  
789 S. FEDERAL HIGHWAY - SUITE 101  
STUART, FL 34994 US

*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

**Officer/Director Detail :**

Title PD  
Name RABBITT, TIMOTHY  
Address 2101 SW OAK RIDGE ROAD  
City-State-Zip: PALM CITY FL 34990

Title VPD  
Name SCARRY, JAY  
Address 894 SW WHISPER RIDGE TRAIL  
City-State-Zip: PALM CITY FL 34990

Title TD  
Name RABBITT, TIMOTHY  
Address 2101 SW OAK RIDGE ROAD  
City-State-Zip: PALM CITY FL 34990

Title SD  
Name ARMSTRONG, GAIL  
Address 2209 SW OAK RIDGE ROAD  
City-State-Zip: PALM CITY FL 34990

Title D  
Name BINGER, JANICE  
Address 797 SW LONG LAKE COURT  
City-State-Zip: PALM CITY FL 34990

Title D  
Name ANTHON, BILL  
Address 1991 SW LITTLE OAK TRAIL  
City-State-Zip: PALM CITY FL 34990

*I hereby 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 all other like empowered.*

**SIGNATURE:** TIMOTHY RABBITT

**PRESIDENT**

**03/28/2013**

Electronic Signature of Signing Officer/Director Detail

Date