

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N36441

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

**FILED**  
**Feb 19, 2021**  
**Secretary of State**  
**5521900289CC**

**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            PRESIDENT, DIRECTOR  
Name            MARSHALL, KEN  
Address        P.O. BOX 1577  
City-State-Zip: PALM CITY FL 34991

Title            DIRECTOR, TREASURER  
Name            ARMSTRONG, GAIL  
Address        P.O. BOX 1577  
City-State-Zip: PALM CITY FL 34991

Title            D, VP  
Name            TART, JEFF  
Address        P.O. BOX 1577  
City-State-Zip: PALM CITY FL 34991

Title            DIRECTOR, SECRETARY  
Name            EVERETT, TRESSA  
Address        P.O. BOX 1577  
City-State-Zip: PALM CITY FL 34991

Title            DIRECTOR  
Name            AVERY, HUNTER  
Address        1195 SW ROSEMARY COURT  
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: KEN MARSHALL**

**PRESIDENT**

**02/19/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date