

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N36441

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

**FILED**  
**Feb 28, 2023**  
**Secretary of State**  
**9639105572CC**

**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           DIRECTOR  
Name           MILLER, ROBERT  
Address        P.O. BOX 1577  
City-State-Zip: PALM CITY FL 34991

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

Title           D, PRESIDENT  
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, TREASURER  
Name           KENT-GREEN, TAMI  
Address        11210 SW FOX BROWN RD  
City-State-Zip: INDIANTOWN FL 34956

*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: TAMI KENT-GREEN**

**TREASURER**

**02/28/2023**

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

\_\_\_\_\_  
Date