

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90047 043 \*\*\*\*61.25

**DOCUMENT # N36441**

1. Entity Name

**OAK RIDGE OF STUART HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 65  
 JENSEN BEACH FL 34958  
 US

P.O. BOX 65  
 JENSEN BEACH FL 34958-0065  
 US

2. Principal Place of Business

**12825 SE Suzanne Drive**

3. Mailing Address

**12825 SE Suzanne Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Hobe Sound, FL**

City & State

**Hobe Sound, FL**

4. FEI Number

**65-0193340**

Applied For

Not Applicable

Zip  
**33455**

Country  
**USA**

Zip  
**33455**

Country  
**USA**

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**ELMORE, GEORGE**  
**2350 S. CONGRESS**  
**DELRAY BEACH FL 33445**

7. Name and Address of New Registered Agent

Name **James McNamara**  
 Street Address (P.O. Box Number is Not Acceptable)  
**12825 SE Suzanne Drive**  
 City **Hobe Sound** **FL** Zip Code **33455**

8. 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

*James McNamara*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**4/27/00**

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ELMORE, GEORGE	
STREET ADDRESS	2350 S. CONGREE AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VALLE, ALBERT	
STREET ADDRESS	3399 PONCE DE LEON BLVD, STE 104	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SCHAEFER, CONRAD	
STREET ADDRESS	2350 S CONGRESS AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FAGAN, GREG	
STREET ADDRESS	4152 W BLUE HERON BLVD	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CONWAY, JAMES	
STREET ADDRESS	1955 W LITTLE OAK TRL	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JIM McNAMARA VPD	
STREET ADDRESS	12825 SE Suzanne	
CITY-ST-ZIP	Hobe Sound FL 33445	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVE SANBORG PD	
STREET ADDRESS	12825 SE Suzanne	
CITY-ST-ZIP	Hobe Sound FL 33445	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Valle Alberto D	
STREET ADDRESS	3999 Ponce de Leon Blvd 104	
CITY-ST-ZIP	Coral Gables FL	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Katherine Ross SD	
STREET ADDRESS	655 SW Whispering Palm Lane	
CITY-ST-ZIP	Palm City FL 34990	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Larry McNamara D	
STREET ADDRESS	12825 SE Suzanne	
CITY-ST-ZIP	Hobe Sound FL 34990	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*James McNamara*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

(561)546-0127

Daytime Phone #