

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2001 8:00 am**  
**Secretary of State**

02-19-2001 90037 043 \*\*\*\*61.25

0053677

**DOCUMENT # N36441**

1. Entity Name

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

Principal Place of Business

Mailing Address

12825 SE SUZANNE DRIVE  
 HOBE SOUND FL 33455  
 US

12825 SE SUZANNE DRIVE  
 HOBE SOUND FL 33455  
 US

A0024158



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0193340

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCNAMARA, JAMES**  
**12825 SE SUZANNE DR**  
**HOBE SOUND FL 33455**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **VD**  
**MCNAMARA, JIM**  
 STREET ADDRESS **12825 SE SUZANNE**  
 CITY-ST-ZIP **HOBE SOUND FL 33445**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **PD**  
**SANGORGE, DAVE**  
 STREET ADDRESS **12825 SE SUZANNE**  
 CITY-ST-ZIP **HOBE SOUND FL 33445**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
**VALLE, ALBERTO**  
 STREET ADDRESS **3999 PONCE DE LEON BLVD #104**  
 CITY-ST-ZIP **CORAL GABLES FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SD**  
**ROSS, KATHERINE**  
 STREET ADDRESS **655 SW WHISPERING PALM LANE**  
 CITY-ST-ZIP **PALM CITY FL 34990**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
**MCNAMARA, LARRY**  
 STREET ADDRESS **12825 SE SUZANNE**  
 CITY-ST-ZIP **HOBE SOUND FL 34990**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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 empowerments.

**SIGNATURE:** *SIGNATURE REQUIRED*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-12-01**

Date

Daytime Phone #

CR2E037 (10/00)