

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90652 003 ****61.25

0076090

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0193340**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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	VD	<input type="checkbox"/> Delete
NAME	MCNAMARA, JIM	
STREET ADDRESS	12825 SE SUZANNE	
CITY-ST-ZIP	HOBE SOUND FL 33445	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SANGORGE, DAVE	
STREET ADDRESS	12825 SE SUZANNE	
CITY-ST-ZIP	HOBE SOUND FL 33445	
TITLE	D	<input type="checkbox"/> Delete
NAME	VALLE, ALBERTO	
STREET ADDRESS	3999 PONCE DE LEON BLVD #104	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROSS, KATHERINE	
STREET ADDRESS	655 SW WHISPERING PALM LANE	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCNAMARA, LARRY	
STREET ADDRESS	12825 SE SUZANNE	
CITY-ST-ZIP	HOBE SOUND FL 34990	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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: *[Signature]* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-02

Date

Daytime Phone #

CR2E037 (9/01)