


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

**FILED**

**Mar 19 1998 8:00am  
Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # 733630 (8)**

1. Corporation Name  
**STUART LODGE 2337 OSIA HOUSE CORPORATION, INCORPORATED**

|  |  |
|--|--|
| Principal Place of Business<br><b>812 LINCOLN AVENUE<br/>STUART FL 34995</b> | Mailing Address<br><b>P.O. BOX 2711<br/>STUART FL 34995-2711</b> |
|--|--|

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|---|--|

|  |                                    |  |
|--|------------------------------------|--|
| 3. Date Incorporated or Qualified<br><b>08/20/1975</b>   | 4. FEI Number<br><b>65-0339065</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                                    | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  |                                    | <b>\$5.00 May Be Added to Fees</b>                     |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                       |                                    |  |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |                                    |  |

9. Name and Address of Current Registered Agent

**TABONE, WILLIAM H  
1197 SW ITHACA ST  
PORT ST LUCIE FL 34983**

10. Name and Address of New Registered Agent

|  |
|--|
| 81 Name<br><b>RIZZOTTO, SAL</b>  |
| 82 Street Address (P.O. Box Number is Not Acceptable)<br><b>231 SE MONTEREY AVENUE</b> |
| 83   |
| 84 City<br><b>STUART</b>   |
| 85 Zip Code<br><b>FL 34996</b>   |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Sal Rizzotto* **PRESIDENT** DATE: **3/16/98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS                     |   | <input type="checkbox"/> DELETE |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>TABONE, WILLIAM H<br/>1197 SW ITHACA ST<br/>PORT ST LUCIE FL</b>   |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T<br/>VIOLA, CHRISTINA<br/>105 N. SEWALLS PT. RD.<br/>STUART FL</b>      |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP<br/>RIZZOTTO, SAL<br/>231 SE MONTEREY AVE<br/>STUART FL</b>           |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T<br/>VIOLA, VINCENT<br/>105 N SEWALLS PT RD<br/>STUART FL</b>           |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T<br/>SANTORO, ANTHONY<br/>6351 SE LILLIAN COURT<br/>STUART FL 34997</b> |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>RS<br/>GIUNNO, GERALDINE<br/>150 FAIRWINDS DRIVE<br/>STUART FL</b>       |                                 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12          |   | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|--|---|--|-----------------------------------|
| 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | <b>PRESIDENT<br/>RIZZOTTO, SAL<br/>231 SE MONTEREY AVENUE<br/>STUART, FL 34996</b>                |  |                                   |
| 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | <b>SAME</b>   |  |                                   |
| 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | <b>VPRESIDENT<br/>VICTOR VIOLA<br/>105 N. SEWALLS PT RD<br/>STUART FL 34996</b>                   |  |                                   |
| 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | <b>TRUSTEE<br/>RIZZOTTO, JOHN<br/>4921 SE POMPANO TERRACE<br/>STUART FL 34997</b>                 |  |                                   |
| 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | <b>TRUSTEE<br/>TROIA, MARTIN<br/>1950 PALM CITY ROAD<br/>STUART FL 34994</b>                      |  |                                   |
| 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | <b>FINANCIAL SECRETARY<br/>GENCO, PAULA<br/>461 SE WHITMORE DRIVE<br/>PORT ST. LUCIE FL 34984</b> |  |                                   |

14. 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 annual report or supplemental annual 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 12 of Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Paula M. Genco* **Financial Sec'y** DATE: **3/16/98** TEL: **561-221-8100**

CR2E037 (10/97)