

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

0066808

03-20-2002 90047 018 ****61.25

DOCUMENT # 733630

1. Entity Name
STUART LODGE 2337 OSIA HOUSE CORPORATION, INCORPORATED

Principal Place of Business 812 LINCOLN AVENUE STUART FL 34995	Mailing Address P.O. BOX 2711 STUART FL 34995-2711
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00045633



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number 65-0339065	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip	Country	Zip	Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**VOLPE, SUSAN M
 2974 SW BRIGHTON WAY
 PALM CITY FL 34990**

7. Name and Address of New Registered Agent
 Name **JOHN L. DIMOLA**
 Street Address (P.O. Box Number is Not Acceptable)
731 SW ARKANSAS TERRACE
 City **PORT ST. LUCIE, FL** Zip **34953**

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 *John Dimola, PRESIDENT* DATE **3/6/2002**
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	
TITLE NAME Genco, Paula	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 2897 SE CABANA LANE	
CITY-ST-ZIP PORT SAINT LUCIE FL 34952	
TITLE NAME Palmeri, Norman	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 900 SW TAMARROW PLACE	
CITY-ST-ZIP STUART FL 34997	
TITLE NAME Volpe, Pasquale	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 2974 SW BRIGHTON WAY	
CITY-ST-ZIP PALM CITY FL 34990	
TITLE NAME Dinol, Rose Marie	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 731 SW ARKANSAS TERRACE	
CITY-ST-ZIP PORT SAINT LUCIE FL 34953	
TITLE NAME Dimola, John	<input type="checkbox"/> Delete
STREET ADDRESS 731 SW ARKANSAS TERR	
CITY-ST-ZIP PORT SAINT LUCIE FL 34953	
TITLE NAME Volpe, Susan	<input type="checkbox"/> Delete
STREET ADDRESS 2974 SW BRIGHTON WAY	
CITY-ST-ZIP PALM CITY FL 34990	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME VP JOHN RUSSO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 908 N. FORK ROAD	
CITY-ST-ZIP STUART, FL 34994	
TITLE NAME ROSE GECKLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 702 PORTAGE AVE.	
CITY-ST-ZIP PORT ST. LUCIE, FL 34984	
TITLE NAME ANTHONY BANCONE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 3711 SW WHISPERING SOUND DR.	
CITY-ST-ZIP PALM CITY, FL 34990	
TITLE NAME PATRICIA BANCONE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 3711 SW WHISPERING SOUND DR.	
CITY-ST-ZIP PALM CITY, FL 34990	
TITLE NAME JOHN DIMOLA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 731 SW ARKANSAS TERR	
CITY-ST-ZIP PORT ST. LUCIE, FL 34953	
TITLE NAME SUSAN VOLPE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2974 SW BRIGHTON WAY	
CITY-ST-ZIP PALM CITY, FL 34990	

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: *JOHN DIMOLA* DATE: **3/6/2002** DAYTIME PHONE: **772-871-6480**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)