**FILED**
**Apr 06, 2005 08:00 AM**
**Secretary of State**

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 733630

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

| Principal Place of Business | Mailing Address |
|---|---|
| 812 LINCOLN AVENUE<br>STUART, FL 34995 | PO BOX 2711<br>STUART, FL 34995 |

**DO NOT WRITE IN THIS SPACE**

01182005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0339065
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROSE DIMOLA
731 SW ARKANSAS TERRACE
PORT SAINT LUCIE, FL 34953

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Rose Dimola 3/30/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | VP |
| NAME | GRAZIANO, JERRY |
| STREET ADDRESS | 3428 SE COBIA WAY |
| CITY-ST-ZIP | STUART, FL 34997 |
| TITLE | T |
| NAME | MAZZILLI, MATTEO |
| STREET ADDRESS | 3654 SW WHISPERING SAND DRIVE |
| CITY-ST-ZIP | PALM CITY, FL 34990 |
| TITLE | T |
| NAME | POLITO, MICHAEL |
| STREET ADDRESS | 1676 SE MONARCH CLUB DR |
| CITY-ST-ZIP | PALM CITY, FL 34990 |
| TITLE | T |
| NAME | COLLINS, JOAN |
| STREET ADDRESS | 1856 WITEMARCH WAY |
| CITY-ST-ZIP | PALM CITY, FL 34990 |
| TITLE | P |
| NAME | DIMOLA, JOHN |
| STREET ADDRESS | 731 SW ARKANSAS TERR |
| CITY-ST-ZIP | PORT SAINT LUCIE, FL 34953 |
| TITLE | T |
| NAME | POLITO, JANICE |
| STREET ADDRESS | 1676 SE MONARH CLUB DRIVE |
| CITY-ST-ZIP | PALM CITY, FL 34990 |

U00000289136
04/06/05-80015-005 61.25

**DO NOT WRITE IN THIS SPACE**

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:** Rose Dimola 3/30/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #