


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2006 8:00 am**  
**Secretary of State**

04-04-2006 90044 017 \*\*\*\*61.25

<b>DOCUMENT # 733630</b>					
1. Entity Name: STUART LODGE 2337 OSIA HOUSE CORPORATION, INCORPORATED					
Principal Place of Business 812 LINCOLN AVENUE STUART, FL 34995			Mailing Address PO BOX 2711 STUART, FL 34995		
2. Principal Place of Business 731 WS. Arkansas Terrace Suite, Apt. #, etc.		3. Mailing Address P O Box 2711 Suite, Apt. #, etc.		00049754	
City & State Port St. Luice, FL.		City & State Stuart, FL.		03162006 Chg-NP CR2E037 (11/05)	
Zip 34953		Country St. Luice Country		4. FEI Number 65-0339065	
Zip 34995		Country Martin		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSE DIMOLA 731 SW ARKANSAS TERRACE PORT SAINT LUCIE, FL 34953			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Rose DiMola</i>		DATE <i>03/17/06</i>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAZIANO, JERRY		NAME		
STREET ADDRESS	3428 SE COBIA WAY		STREET ADDRESS		
CITY, ST, ZIP	STUART, FL 34997		CITY, ST, ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	Financial Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAZZILLI, MATTEO		NAME	Rose DiMola	
STREET ADDRESS	3654 SW WHISPERING SAND DRIVE		STREET ADDRESS	731 SE. Arkansas Terr.	
CITY, ST, ZIP	PALM CITY, FL 34990		CITY, ST, ZIP	Port St. Luice, FL 34953	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POLITO, MICHAEL		NAME	John Roseto	
STREET ADDRESS	1676 SE MONARCH CLUB DR		STREET ADDRESS	10729 Hidden Bend way	
CITY, ST, ZIP	PALM CITY, FL 34990		CITY, ST, ZIP	Wellington, FL 33414	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLLINS, JOAN		NAME	Elmer Mazza	
STREET ADDRESS	1856 WITEMARCH WAY		STREET ADDRESS	7725 SE. Independence Ave.	
CITY, ST, ZIP	PALM CITY, FL 34990		CITY, ST, ZIP	Hobe Sound, FL. 33544	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIMOLA, JOHN		NAME	Andrew Vascellaro	
STREET ADDRESS	731 SW ARKANSAS TERR		STREET ADDRESS	805 Central Pkway	
CITY, ST, ZIP	PORT SAINT LUCIE, FL 34953		CITY, ST, ZIP	Stuart, FL. 34994 Apt. 10	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POLITO, JANICE		NAME	Marlene Mazza	
STREET ADDRESS	1676 SE MONARH CLUB DRIVE		STREET ADDRESS	7725 SE. Independence Ave	
CITY, ST, ZIP	PALM CITY, FL 34990		CITY, ST, ZIP	7726 Hobe Sound, FL. 33544	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Rose DiMola</i>		DATE: <i>3/17/06</i>		DAYTIME PHONE #: <i>772-871-6480</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		DAYTIME PHONE #	