


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90080 027 ****61.25

DOCUMENT # 724384					
1. Entity Name GLEN OAKS RIDGE OWNERS ASSOCIATION, INC.					
Principal Place of Business 1215 GLEN OAKS DRIVE EAST SARASOTA, FL 34232			Mailing Address 1215 GLEN OAKS DRIVE EAST P.O. BOX 6165 SARASOTA, FL 34232		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1690454	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCLLENATHEN, CHAD M 1820 RINGLING BLVD FD SARASOTA, FL 34236			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	P	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARNARD, WAYNE		NAME	ST. LAURENT, ADELA	
STREET ADDRESS	3905 PANOLA LANE, #193		STREET ADDRESS	3921 LAKESIDE RD.	
CITY-ST-ZIP	SARASOTA, FL 34232		CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SULLIVAN, ANN		NAME	SCHNEIDER, CARL	
STREET ADDRESS	1277 BELLEFLOWER ST., #108		STREET ADDRESS	1200 BELLEFLOWER ST.	
CITY-ST-ZIP	SARASOTA, FL 34232		CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VPD/SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, EARL		NAME	WILDING, BARBARA	
STREET ADDRESS	3968 LAKESIDE ROAD, #139		STREET ADDRESS	3983 Overlook Bend	
CITY-ST-ZIP	SARASOTA, FL 34232		CITY-ST-ZIP	Sarasota, FL 34232	
TITLE	D	<input type="checkbox"/> Delete	TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELLEN, EDWARD		NAME	Manning, Michael	
STREET ADDRESS	3819 GLEN OAKS DR E		STREET ADDRESS	1877 Northgate Blvd, Suite 4	
CITY-ST-ZIP	SARASOTA, FL 34232		CITY-ST-ZIP	Sarasota, FL 34234	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BIRNBAUM, MICKEY		NAME	SLOMAN, SARA	
STREET ADDRESS	3820 BLUESTONE WAY, 398		STREET ADDRESS	1256 BELLEFLOWER ST.	
CITY-ST-ZIP	SARASOTA, FL 34232		CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, RUTH		NAME		
STREET ADDRESS	3964 ASHWOOD LANE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34232		CITY-ST-ZIP		
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>Michael Manning</i>		Michael R. Manning		Date: 9/11/359-4876	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	