

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90024 034 ****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

Zip

Country

Zip

Country

4. FEI Number **59-1690454**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MANNING, MICHAEL
PREMIUM RESOURCE MANAGEMENT, INC
1877 NORTHGATE BLVD., STE 2
SARASOTA FL 34234**

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **SCHROEDER, FRAN**
STREET ADDRESS **1277 BELLEFLOWER ST #108**
CITY-ST-ZIP **SARASOTA FL 34232**

TITLE **LOFTUS, RAYMOND - S** ☐ Change ☒ Addition
NAME
STREET ADDRESS **1505 Lakeside Way #153**
CITY-ST-ZIP **Sarasota, FL 34232**

TITLE **VP** ☒ Delete
NAME **LOFTUS, HARRIET**
STREET ADDRESS **1505 LAKESIDE WAY #153**
CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **JOHNSON, EARL - D** ☐ Change ☒ Addition
NAME
STREET ADDRESS **3968 Lakeside Road, #139**
CITY-ST-ZIP **Sarasota, FL 34232**

TITLE **T** ☒ Delete
NAME **FISHER, DICK**
STREET ADDRESS **3924 AGHWOOD LN #59**
CITY-ST-ZIP **SARASOTA FL 34232**

TITLE **HERPEL, FRED - T.** ☐ Change ☒ Addition
NAME
STREET ADDRESS **3908 Lakeside Road, #173**
CITY-ST-ZIP **Sarasota, FL 34232**

TITLE **S** ☒ Delete
NAME **HARSHBERGER, SALLY**
STREET ADDRESS **3909 LAKESIDE RD. #173**
CITY-ST-ZIP **SARASOTA FL 34232**

TITLE **SCHNEIDER, CARL - V** ☐ Change ☒ Addition
NAME
STREET ADDRESS **1200 Belleflower Street, #100**
CITY-ST-ZIP **Sarasota, FL 34232**

TITLE **D** ☐ Delete
NAME **RUSSO, HELEN**
STREET ADDRESS **3917 ASHWOOD LN #57**
CITY-ST-ZIP **SARASOTA FL 34232**

TITLE **ST. LAURENT, ADELE - D** ☐ Change ☒ Addition
NAME
STREET ADDRESS **3921 Lakeside Road, #168**
CITY-ST-ZIP **Sarasota, FL 34232**

TITLE **D** ☒ Delete
NAME **STEIN, ART**
STREET ADDRESS **1329 GLEN OAKS DRIVE E #134**
CITY-ST-ZIP **SARASOTA FL 34232**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Francis B. Schroeder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)