

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

**FILED**  
**May 22, 2003 8:00 am**  
**Secretary of State**

05-22-2003 90136 001 \*\*\*\*61.25

**DOCUMENT # N98000006197**

1. Entity Name

**GOLF RIDGE OF ORLANDO CONDOMINIUM ASSOCIATION, I  
NC.**



Principal Place of Business

**1212 S HIAWASSEE ROAD  
#516  
ORLANDO FL 32835-1316**

Mailing Address

**% LIGHTHOUSE MANAGEMENT  
P.O. BOX 0774  
WINDERMERE FL 34786-0774**

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 **59-2855110**

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

**HEAD, PATRICIA M  
1212 S. HIAWASSEE RD.  
#516  
ORLANDO FL 32835**

Name

**Wean + Malchow, P.A.**

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

**646 East Colonial Dr**

City

**Orlando**

FL

Zip Code

**32836**

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

**Wean + Malchow, P.A.  
By: *[Signature]***

**5/20/03**

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 ☒ Delete  
NAME **PD HEAD, PATRICIA**  
STREET ADDRESS **1212 516 S. HIAWASSEE RD.**  
CITY-ST-ZIP **ORLANDO FL 32835**

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

TITLE ☒ Delete  
NAME **TD MOLLINGHOFF, PATRICIA A**  
STREET ADDRESS **1212 535 S. HIAWASSEE RD.**  
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE ☐ Change ☒ Addition  
NAME **TD TAMARA PETTENGILL**  
STREET ADDRESS **1224 612 S. HIAWASSEE RD**  
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE ☒ Delete  
NAME **D DURDEN, FRANCES D**  
STREET ADDRESS **1212 526 S. HIAWASSEE RD.**  
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE ☐ Change ☒ Addition  
NAME **D MARTHA AGNEW**  
STREET ADDRESS **1224 618 S. HIAWASSEE RD**  
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE ☒ Delete  
NAME **SD O'DONNELL, SHANE**  
STREET ADDRESS **1212 538 HIAWASSEE RD**  
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE ☐ Change ☒ Addition  
NAME **SD BETH ELKHOLI**  
STREET ADDRESS **1224 622 S. HIAWASSEE RD**  
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE ☒ Delete  
NAME **D HUNT, BUCK**  
STREET ADDRESS **1212 534 S HIAWASEE RD**  
CITY-ST-ZIP **ORLANDO FL 32835**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

***[Signature]* Patricia Head**

**2/3/03**

**407-294-9228**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)