2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724384

Entity Name: GLEN OAKS RIDGE OWNERS ASSOCIATION, INC.

FILED
Jan 26, 2023
Secretary of State
6045112838CC

Current Principal Place of Business:

GLEN OAKS RIDGE OWNERS ASSOCIATION, INC. 1215 GLEN OAKS DRIVE EAST

SARASOTA, FL 34232

Current Mailing Address:

GLEN OAKS RIDGE OWNERS ASSOCIATION, INC. 1215 GLEN OAKS DRIVE EAST SARASOTA, FL 34232 US

FEI Number: 59-1690454 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF 4001 TAMIAMI TRAIL NORTH SUITE 270

NAPLES, FL 34103 US

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.

SIGNATURE: DAVID G. MULLER. ESQUIRE 01/26/2023

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title SECRETARY Title TREASURER

Name PURSLEY, LINDA P. Name LUTES, STANLEY

Address GLEN OAKS RIDGE OWNERS ASSOCIATION, INC.

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1215 GLEN OAKS DRIVE EAST 1215 GLEN OAKS DRIVE EAST

City-State-Zip: SARASOTA FL 34232 City-State-Zip: SARASOTA FL 34232

Title DIRECTOR Title DIRECTOR

Name GOEHRING, CURT Name CRONIN, THOMAS

Address GLEN OAKS RIDGE OWNERS Address GLEN OAKS RIDGE OWNERS

ASSOCIATION, INC. ASSOCIATION, INC.

1215 GLEN OAKS DRIVE EAST

City-State-Zip: SARASOTA FL 34232

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Title DIRECTOR Title DIRECTOR

Name BUKAUSKAS, RUTA Name HOWARD, DONNA

Address GLEN OAKS RIDGE OWNERS Address GLEN OAKS RIDGE OWNERS

ASSOCIATION, INC. ASSOCIATION, INC.

1215 GLEN OAKS DRIVE EAST 1215 GLEN OAKS DRIVE EAST

City-State-Zip: SARASOTA FL 34232 City-State-Zip: SARASOTA FL 34232

Title PRESIDENT

Name OHLRICH, KATHLEEN

Address GLEN OAKS RIDGE OWNERS

ASSOCIATION, INC.

1215 GLEN OAKS DRIVE EAST

City-State-Zip: SARASOTA FL 34232

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LINDA PURSLEY SECRETARY 01/26/2023