

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724384

FILED
Apr 14, 2015
Secretary of State
CC0150944501

Entity Name: GLEN OAKS RIDGE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O CASEY CONDO MANAGEMENT
4370 S. TAMIAMI TRAIL, SUITE 102
SARASOTA, FL 34231

Current Mailing Address:

C/O CASEY CONDO MANAGEMENT
4370 S. TAMIAMI TRAIL, SUITE 102
SARASOTA, FL 34231 US

FEI Number: 59-1690454

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, P.A.
6230 UNIVERSITY PARKWAY - STE. 204
SARASOTA, FL 34240 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name BONVISSUTO, JERRY
Address C/O CASEY MANAGEMENT
4370 S. TAMIAMI TRAIL, STE 102
City-State-Zip: SARASOTA FL 34231

Title SECRETARY
Name SIFFORD, CARLENE
Address C/O CASEY MANAGEMENT
4370 S. TAMIAMI TRAIL, STE 102
City-State-Zip: SARASOTA FL 34231

Title AS
Name SPENCE, BRIDGET
Address CASEY MANAGEMENT
4370 S. TAMIAMI TRAIL, STE 102
City-State-Zip: SARASOTA FL 34231

Title T
Name LONNEE, CAROL
Address C/O CASEY CONDO MANAGEMENT
4370 S. TAMIAMI TRAIL, SUITE 102
City-State-Zip: SARASOTA FL 34231

Title D
Name HOPKINS, RUSS
Address C/O CASEY CONDO MANAGEMENT
4370 S. TAMIAMI TRAIL, SUITE 102
City-State-Zip: SARASOTA FL 34231

Title PRESIDENT
Name ST. LAURENT, ADELE
Address C/O CASEY CONDO MANAGEMENT
4370 S. TAMIAMI TRAIL, SUITE 102
City-State-Zip: SARASOTA FL 34231

Title VP
Name SLOMAN, SALLY
Address C/O CASEY CONDO MANAGEMENT
4370 S. TAMIAMI TRAIL, SUITE 102
City-State-Zip: SARASOTA FL 34231

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: SARAH (SALLY) R, SLOMAN

VP

04/14/2015

Electronic Signature of Signing Officer/Director Detail

Date