

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000006197

**Entity Name:** GOLF RIDGE OF ORLANDO CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Feb 21, 2024**  
**Secretary of State**  
**7613695638CC**

**Current Principal Place of Business:**

1320 N SEMORAN BLVD STE 100  
ORLANDO, FL 32807

**Current Mailing Address:**

1320 N SEMORAN BLVD STE 100  
ORLANDO, FL 32807 US

**FEI Number: 59-3543590**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

TOWERS PROPERTY MANAGEMENT, INC.  
1320 N SEMORAN BLVD STE 100  
ORLANDO, FL 32807 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: BENJAMIN ISIP**

**02/21/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name HEAD, PATRICIA  
Address 1320 N SEMORAN BLVD STE 100  
City-State-Zip: ORLANDO FL 32807

Title SECRETARY  
Name WARD, NANCY C  
Address 1320 N SEMORAN BLVD STE 100  
City-State-Zip: ORLANDO FL 32807

Title PRESIDENT  
Name SHERMAN, IRIS  
Address 1320 N SEMORAN BLVD STE 100  
City-State-Zip: ORLANDO FL 32807

Title DIRECTOR  
Name MASLO, VLADIMIR  
Address 1320 N SEMORAN BLVD STE 100  
City-State-Zip: ORLANDO FL 32807

Title DIRECTOR  
Name DO LAGO, ALEXANDRE  
Address 1320 N SEMORAN BLVD STE 100  
City-State-Zip: ORLANDO FL 32807

*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: IRIS SHERMAN**

**PRESIDENT**

**02/21/2024**

Electronic Signature of Signing Officer/Director Detail

Date