

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000006197

**FILED**  
**Apr 23, 2014**  
**Secretary of State**  
**CC7672108892**

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

**Current Principal Place of Business:**

6972 LAKE GLORIA BLVD  
ORLANDO, FL 32809

**Current Mailing Address:**

6972 LAKE GLORIA BLVD  
ORLANDO, FL 32809

**FEI Number: 59-3543590**

**Certificate of Status Desired: No**

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

LELAND MANAGEMENT  
6972 LAKE GLORIA BLVD  
ORLANDO, FL 32809 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 P  
Name HEAD, PATRICIA  
Address 6972 LAKE GLORIA BLVD  
City-State-Zip: ORLANDO FL 32809

Title V  
Name WRIGHT, JEANETTE  
Address 6972 LAKE GLORIA BLVD  
City-State-Zip: ORLANDO FL 32809

Title T  
Name WARD, NANCY C  
Address 6972 LAKE GLORIA BLVD  
City-State-Zip: ORLANDO FL 32809

Title S  
Name BITTERLING, CARLA  
Address 6972 LAKE GLORIA BLVD  
City-State-Zip: ORLANDO FL 32809

Title D  
Name LOEBER, STEPHEN  
Address 6972 LAKE GLORIA BLVD  
City-State-Zip: ORLANDO FL 32809

*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: PATRICIA HEAD**

**PRESIDENT**

**04/23/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date