

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20377

FILED  
May 15, 2009  
Secretary of State

**Entity Name:** GLENRIDGE HOMEOWNERS' ASSOCIATION OF POLK COUNTY, INC.

**Current Principal Place of Business:**

5337 N SOCRUM LOOP RD  
#281  
LAKELAND, FL 338094256 US

**New Principal Place of Business:**

**Current Mailing Address:**

5337 N SOCRUM LOOP RD  
#281  
LAKELAND, FL 338094256 US

**New Mailing Address:**

**FEI Number:** 59-2947830 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

KOEKOEK, RONALD  
7929 RIDGEGLEN CIR E  
LAKELAND, FL 33809 US

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

BURGESS, JACALYN  
8028 GLENRIDGE LOOP E  
LAKELAND, FL 33809 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: JOHN MARKEY

05/15/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD (X) Delete  
Name: KOEKOEK, RONALD  
Address: 7929 RIDGEGLEN CIR E  
City-St-Zip: LAKELAND, FL 33809

Title: VPD ( ) Delete  
Name: BURGESS, JACALYN  
Address: 8028 GLENRIDGE LOOP E  
City-St-Zip: LAKELAND, FL 33809

Title: STD ( ) Delete  
Name: MARKEY, JOHN  
Address: 8066 RIDGEGLEN CIR E  
City-St-Zip: LAKELAND, FL 33809

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOHN MARKEY

STD

05/15/2009

Electronic Signature of Signing Officer or Director

Date