

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 14, 2001 8:00 am**  
**Secretary of State**

09-14-2001 90003 050 \*\*\*\*61.25

**DOCUMENT # N46551**

1. Entity Name

**GOLF RIDGE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

% DIANA VOGEL MGR/J.D. ELITE PROPERTIES  
 2632 N.W. 43RD ST., STE A-103  
 GAINESVILLE FL 32606  
 US

Mailing Address

% DIANA VOGEL MGR/J.D. ELITE PROPERTIES  
 2632 N.W. 43RD ST., STE A-103  
 GAINESVILLE FL 32606  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3107991**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VOGEL, DIANA B.  
 2632 N.W. 43RD ST., STE A-103  
 GAINESVILLE FL 32606

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 12, 2001, min. will be \$236.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
 NAME **BABB, RICHARD L**  
 STREET ADDRESS **2814 N.W. 104TH CT., UNIT B**  
 CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VPD** ☒ Delete  
 NAME **RENNERT, HAL**  
 STREET ADDRESS **2814 N.W. 104TH CT., UNIT B**  
 CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **VPD** ☒ Change ☐ Addition  
 NAME **Williams, Richard**  
 STREET ADDRESS **2814 NW 104th Ct., Unit B**  
 CITY-ST-ZIP **Gainesville, FL 32606**

TITLE **STD** ☐ Delete  
 NAME **ESTES, JEREMY**  
 STREET ADDRESS **2814 N.W. 104TH CT., UNIT A**  
 CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*SIGNATURE REQUIRED*

9/5/01 (352)335-6465

CR2E037 (5/01)