2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46551

FILED Mar 25, 2007 Secretary of State

Entity Name: GOLF RIDGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

% DIANA VOGEL, MGR/J.D. ELITE PROPERTIES

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

Current Mailing Address:

VOGEL, DIANA L

Name:

2814 NW 104 CT. UNIT D GAINESVILLE, FL 32606 US

New Mailing Address:

% DIANA VOGEL, MGR/J.D. ELITE PROPERTIES

2632 N.W. 43RD ST., STE A-103

GAINESVILLE, FL 32606

2632 N.W. 43RD ST., STE A-103

GAINESVILLE, FL 32606

TRICIA OTTO

TRICIA OTTO

2814 NW 104TH COURT UNIT D GAINESVILLE, FL 32606

FEI Number: 59-3107991 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

OTTO, TRICIA A

2814 NW 104TH COURT UNIT D GAINESVILLE, FL 32606

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: TRICIA OTTO

03/25/2007

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

(X) Change () Addition

() Delete BROSNIHAN, LAUREN Name:

JONES, SYLVIA 2814 NW 104TH CT UNIT B Address: 2814 NW 104TH CT UNIT B

Address: City-St-Zip: GAINESVILLE, FL 32606 City-St-Zip: GAINESVILLE, FL 32606

Title: VPD () Delete Title: (X) Change () Addition OTTO, PATRICIA Name: LAURINO, JOHN Name:

Address: 2814 NW 104TH CT UNIT D Address: 2814 NW 104TH CT UNIT A City-St-Zip: GAINESVILLE, FL 32606 City-St-Zip: GAINESVILLE, FL 32606

Title: STD () Delete Title: STD (X) Change () Addition

LAURINO, JOHN Name: DAVIS, JOHN T Name:

2814 NW 104TH CT UNIT A 2814 NW 104TH CT UNIT C Address: Address: City-St-Zip: GAINESVILLE, FL 32606 City-St-Zip: GAINESVILLE, FL 32606

I hereby certify that the information supplied with this filing does not qualify for the 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: SYLVIA JONES PD 03/25/2007