

FILED  
Jul 01, 2003 8:00 am  
Secretary of State

05-05-2003 91420 005 \*\*\*\*61.25

2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

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 32608  
US

Mailing Address

% DIANA VOGEL MGR/J.D. ELITE PROPERTIES  
2632 N.W. 43RD ST., STE A-103  
GAINESVILLE FL 32608  
US

55050330

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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 L  
2632 N.W. 43RD ST., STE A-103  
GAINESVILLE FL 32608

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. I am familiar with, and accept the obligations of registered agent.

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME BABB, RICHARD L  
STREET ADDRESS 2814 N.W. 104TH CT., UNIT D  
CITY-ST-ZIP GAINESVILLE FL 32608 ☐ Delete

TITLE VPD  
NAME WILLIAMS, RICHARD  
STREET ADDRESS 2814 N.W. 104TH CT., UNIT B  
CITY-ST-ZIP GAINESVILLE FL 32608 ☒ Delete

TITLE STD  
NAME ESTES, JEREMY  
STREET ADDRESS 2814 N.W. 104TH CT., UNIT A  
CITY-ST-ZIP GAINESVILLE FL 32608 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME Babb, Richard L.  
STREET ADDRESS 2814 N.W. 104th Ct., Unit D  
CITY-ST-ZIP Gainesville, FL 32606 ☒ Change ☐ Addition

TITLE VPD  
NAME Leo Tardiff  
STREET ADDRESS 2814 NW 104th Ct., Unit A  
CITY-ST-ZIP Gainesville, FL 32606 ☒ Change ☐ Addition

TITLE STD  
NAME Lauren Brosnihan  
STREET ADDRESS 2814 NW 104th Ct., Unit B  
CITY-ST-ZIP Gainesville, FL 32606 ☒ Change ☐ Addition

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

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

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

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]* 4/29/03 (352) 335-6465  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #