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Mar 10 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N97000004593 (6)**

1. Corporation Name

**THE GLENRIDGE ON PALMER RANCH, INC.**

Principal Place of Business

Mailing Address

**5176 SUNNYDALE CIR., W.  
SARASOTA FL 34233**

**5176 SUNNYDALE CIR., W.  
SARASOTA FL 34233**



|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 <b>3900 Clark Road</b>      | 26                  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| 22 <b>Building "M"</b>         | 27                  |
| City & State                   | City & State        |
| 23 <b>Sarasota, Florida</b>    | 28                  |
| Zip                            | Zip                 |
| 24 <b>34233</b>                | 29 <b>USA</b>       |
| Country                        | Country             |

3. Date incorporated or Qualified

**08/08/1997**

4. FEI Number  
**59-3472733**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☒

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GEHLBACH, DONALD D  
3948 SOMERSET COVE DR.  
SARASOTA FL 34242**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE            | 1.1 TITLE   | <b>D/V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>GEHLBACH, DONALD</b>                             | 1.2 NAME  |   |
| STREET ADDRESS             | <b>3948 SOMERSET COVE DR.</b>                       | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>SARASOTA FL 34242</b>                            | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       | <b>GOBLE, ROSS L</b>                                | 2.2 NAME  |   |
| STREET ADDRESS             | <b>76 OSPREY POINT DR.</b>                          | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>OSPREY FL 34229</b>                              | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE            | 3.1 TITLE   | <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| NAME                       | <b>HANSEN, PAUL</b>                                 | 3.2 NAME  | <b>Hansen, Paul</b>   |
| STREET ADDRESS             | <b>948 MACEWEN DR.</b>                              | 3.3 STREET ADDRESS                                    | <b>3102 Jessie Harbor</b>   |
| CITY-ST-ZIP                | <b>OSPREY FL 34229</b>                              | 3.4 CITY-ST-ZIP                                       | <b>Osprey, FL 34229</b>   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE            | 4.1 TITLE   | <b>D/S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MUENZMAY, DON</b>                                | 4.2 NAME  |   |
| STREET ADDRESS             | <b>3289 FAIRHAVEN LN.</b>                           | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>SARASOTA FL 34239</b>                            | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE            | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       | <b>PALMERI, CHARLES J</b>                           | 5.2 NAME  |   |
| STREET ADDRESS             | <b>229 ST. JAMES PK.</b>                            | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>OSPREY FL 34229</b>                              | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE            | 6.1 TITLE   | <b>D/P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>REYNOLDS, JOSEPH E</b>                           | 6.2 NAME  |   |
| STREET ADDRESS             | <b>5176 SUNNYDALE CIR., W.</b>                      | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>SARASOTA FL 34233</b>                            | 6.4 CITY-ST-ZIP                                       |   |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Joseph E. Reynolds*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph E. Reynolds 2/19/98 (941) 927-7818

Date

Daytime Phone #

CR2E037 (10/97)

**The Glenridge on Palmer Ranch, Inc.**  
**E.I.N. 59-3472733**  
**Attachment to Nonprofit Corporation Annual Report 1998**

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Page 1, Line 12, Additional Directors,

D/T

Rutledge, Jim  
1801 Glengary St. #202  
Sarasota, FL 34231

D

Ewing, Ted  
469 Yatch Harbor Drive  
Osprey, FL 34229