


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90417 042 ****61.25

DOCUMENT # N97000004593	
1. Entity Name THE GLENRIDGE ON PALMER RANCH, INC.	

Principal Place of Business 7333 SCOTLAND WAY SARASOTA, FL 34238	Mailing Address 7333 SCOTLAND WAY SARASOTA, FL 34238
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40076583



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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04072006 Chg-NP CR2E037 (11/05)

City & State	City & State
Zip	Country

4. FEI Number 59-3472733	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
GEORGE, EUGENE 22 S. TITTLE AVE. SUITE #3 SARASOTA, FL 34237	
2750 Ringling Blvd. Suite 3 Sarasota, FL 34237	

7. Name and Address of New Registered Agent	
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
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Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	DR PD <input type="checkbox"/> Delete
NAME	GEHLBACH, DONALD
STREET ADDRESS	3948 SOMERSET COVE DR.
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	CROWELL, HOWARD G JR.
STREET ADDRESS	3970 PRAIRE DUNES DRIVE
CITY-ST-ZIP	SARASOTA, FL 34238
TITLE	PD <input checked="" type="checkbox"/> Delete
NAME	HUDSON, TRAMM
STREET ADDRESS	1549 RINGLING BLVD
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	PD TD <input type="checkbox"/> Delete
NAME	GROSS, MARVIN
STREET ADDRESS	2616 MOSS OAK DRIVE 2634
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	D <input type="checkbox"/> Delete
NAME	ALBERTSON, DON
STREET ADDRESS	4136 WOODVIEW DRIVE
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	SD <input type="checkbox"/> Delete
NAME	WILTSHIRE, J. RUSSELL
STREET ADDRESS	4031 WILTSHIRE CTR E.
CITY-ST-ZIP	SARASOTA, FL 34238

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Judge, Virginia
STREET ADDRESS	1950 Limbus Ave.
CITY-ST-ZIP	Sarasota FL 34243
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stottlemeyer, Steve
STREET ADDRESS	65 East Road
CITY-ST-ZIP	Sarasota FL 34240
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Toale, Kathleen
STREET ADDRESS	2918 Avenue E
CITY-ST-ZIP	Holmes Beach FL 34217
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Windom, Robert E.
STREET ADDRESS	5450 Eagle Point Circle
CITY-ST-ZIP	Sarasota FL 34231
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 	4-26-06	Date	Daytime Phone #
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