


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90056 034 \*\*\*\*61.25

<b>DOCUMENT # N97000004593</b>					
<b>1. Entity Name</b> THE GLENRIDGE ON PALMER RANCH, INC.					
<b>Principal Place of Business</b> 7333 SCOTLAND WAY SARASOTA, FL 34238			<b>Mailing Address</b> 7333 SCOTLAND WAY SARASOTA, FL 34238		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3472733	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
GEORGE, EUGENE 2750 RINGLING BOULEVARD SUITE 3 SARASOTA, FL 34237			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> PD	<b>NAME</b> GEHLBACH, DONALD		<input checked="" type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 3948 SOMERSET COVE DR.	SARASOTA, FL 34242		<b>TITLE</b> D		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>CITY-ST-ZIP</b> SARASOTA, FL 34242			<b>NAME</b> Featherman, Don		5122 Kestral Park Way Sarasota, FL 34231
<b>TITLE</b> SD	<b>NAME</b> JUDGE, VIRGINIA		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 1950 LIMBUS AVENUE	SARASOTA, FL 34243		<b>TITLE</b> D		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>CITY-ST-ZIP</b> SARASOTA, FL 34243			<b>NAME</b> Muenzmay, Don		3289 Fairhaven Lane Sarasota, FL 34239
<b>TITLE</b> PD	<b>NAME</b> STOTTEMYER, STEVE		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 65 EAST ROAD	SARASOTA, FL 34240		<b>TITLE</b> D		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>CITY-ST-ZIP</b> SARASOTA, FL 34240			<b>NAME</b> Windom, Robert E.		5450 Eagle Point Circle, Apt. 403 Sarasota, FL 34231
<b>TITLE</b> TD	<b>NAME</b> GROSS, MARVIN		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 2634 MOSS OAK DRIVE	SARASOTA, FL 34231		<b>TITLE</b> 		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>CITY-ST-ZIP</b> SARASOTA, FL 34231			<b>NAME</b> 		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> D	<b>NAME</b> ALBERTSON, DON		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 4136 WOODVIEW DRIVE	SARASOTA, FL 34232		<b>TITLE</b> 		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>CITY-ST-ZIP</b> SARASOTA, FL 34232			<b>NAME</b> 		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> SD	<b>NAME</b> WILTSHIRE, J. RUSSELL		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 4031 WILTSHIRE CTR E.	SARASOTA, FL 34238		<b>TITLE</b> 		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>CITY-ST-ZIP</b> SARASOTA, FL 34238			<b>NAME</b> 		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date				Daytime Phone #	