

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004593

Entity Name: THE GLENRIDGE ON PALMER RANCH, INC.**Current Principal Place of Business:**7333 SCOTLAND WAY
OFFICE
SARASOTA, FL 34238**Current Mailing Address:**7333 SCOTLAND WAY
OFFICE
SARASOTA, FL 34238**FEI Number:** 59-3472733**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**F & L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202-5017 US*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:** TAYLOR PANCAKE

02/23/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name HINKLE, LEE F PHD
Address 824 GREENBRIAR LANE
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR
Name REHMEYER, RICHARD
Address 1905 ALTA VISTA ST.
City-State-Zip: SARASOTA FL 34236

Title TREASURER
Name FAIST, CHARLES
Address 1703 SOUTH DR.
City-State-Zip: SARASOTA FL 34239

Title DIRECTOR
Name BIRGE, JOHN
Address 9906 ROCKBROOK RD.
City-State-Zip: OMAHA NE 68124

Title CEO
Name CATER, JAMES W
Address 7333 SCOTLAND WAY
ADMINISTRATION OFFICE
City-State-Zip: SARASOTA FL 34238

Title PRESIDENT
Name GEHLBACH, DONALD
Address 5932 MARIPOSA LN
City-State-Zip: SARASOTA FL 34242

Title SECRETARY
Name BOEDECKER, JUD
Address 1607 NORTH DR.
City-State-Zip: SARASOTA FL 34239

Title DIRECTOR
Name NUSSBAUM, PAUL PHD
Address 140 SEAVIEW COURT
1802N
City-State-Zip: MARCO ISLAND FL 34145

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I hereby 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 all other like empowered.

SIGNATURE: JAMES CATER, JR.

CEO

02/23/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	MORELAND, DAVID
Address	195 FAIRWAY LANE
City-State-Zip:	BLOWING ROCK FL 28605