

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

U000030

**DOCUMENT # N01000007614**

1. Entity Name

**EAST RIDGE PROPERTY OWNERS' ASSOCIATION, INC.**

03-14-2002 90049 032 \*\*\*150.00

Principal Place of Business      Mailing Address  
 941 NORTH STATE ROAD 7      941 NORTH STATE ROAD 7  
 PLANTATION FL 33317      PLANTATION FL 33317



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 3811 Pembroke Rd      3811 Pembroke Rd  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Hollywood FL      Hollywood FL  
 Zip      Country      Zip      Country  
 33021      Broward      33021      Broward

4. FEI Number      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**

BOND, ARTHUR H  
 941 NORTH STATE ROAD 7  
 PLANTATION FL 33317

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 3811 Pembroke Rd  
 City      State      Zip Code  
 Hollywood      FL      33021

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.  
 SIGNATURE: *J. Regier, Pres.*  
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 Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	DP	<input type="checkbox"/> Delete
NAME	O'RIORDAN, KEVIN	
STREET ADDRESS	3528 MAHOGANY WAY	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	REGIER, JAROLD W	
STREET ADDRESS	3901 S. OCEAN DRIVE, #5E	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	DVI	<input type="checkbox"/> Delete
NAME	PROFFENBARGER, JOHN	
STREET ADDRESS	1642 NW 104TH AVENUE	
CITY-ST-ZIP	CORAL SPRINGS FL 33017	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	BOND, ARTHUR H	
STREET ADDRESS	941 NORTH STATE RD, #7	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'riordan Kevin	
STREET ADDRESS	3528 Mahogany Way	
CITY-ST-ZIP	Coral Springs, FL 33065	
TITLE	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Regier, Jarold W	
STREET ADDRESS	3901 S. Ocean Dr #5E	
CITY-ST-ZIP	Hollywood, FL 33019	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3811 Pembroke Rd	
CITY-ST-ZIP	Hollywood, FL 33021	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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: *John W. Proffenbarger*      **SIGNATURE REQUIRED**      Poffenbarger      2-18-02      954641-1500

CR2E037 (9/01)