

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000007614

**Entity Name:** EAST RIDGE PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

2106 EAST RIDGE CIR EAST  
BOYNTON BEACH, FL 33435

**Current Mailing Address:**

PO BOX 291  
BOYNTON BEACH, FL 33425

**FEI Number: 04-3642876**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

COLE, ANGELA  
2106 SE RIDGE CIRCLE EAST  
BOYNTON BEACH, FL 33435 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title SD  
Name NUNEZ, MARIA  
Address 524 E RIDGE CIR  
City-State-Zip: BOYNTON BEACH FL 33435

Title P  
Name COLE, ANGELA  
Address 2106 E RIDGE CIR  
City-State-Zip: BOYNTON BEACH FL 33435

Title VD  
Name SMITH, RODERICK  
Address 2102 E. RIDGE RD.  
City-State-Zip: BOYNTON BEACH FL 33435

Title TD  
Name ROLAND, SAMANTHA  
Address 2122 EAST RIDGE CIRCLE EAST  
City-State-Zip: BOYNTON BEACH FL 33435

Title VD  
Name KELLEHER, JERRY  
Address 2114 EAST RIDGE CIR  
City-State-Zip: BOYNTON BEACH FL 33435

Title M  
Name CHARLES, EMANUEL  
Address 585 EST RIDGE CIRCLE NORTH  
City-State-Zip: BOYNTON BEACH FL 33435

*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: ANGELA COLE**

**PRESIDENT**

**07/06/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date