3-2-95 B- 17468- XC

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 MAR -2 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 702209 (8)

1. Corporation Name

EAST RIDGE RETIREMENT VILLAGE, INC.

Principal Place of Business	Mailing Address
19301 SW 87 AVE MIAMI FL 33157	19301 SW 87 AVE MIAMI FL 33157

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/29/1961	3a. Date of Last Report: 02/09/1994
4. FEI Number: 59-0903331	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MOORE, MR. GERALD
801 BRICKELL AVENUE, 14TH FLOOR
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	1.1 TITLE		☐ Change ☐ Addition
NAME	BUTLER, WILLIAM R	1.2 NAME		
STREET ADDRESS	7765 SW 139 TERR	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP		
TITLE	TD	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	HASENCAMP, ROBB J.	2.2 NAME	Paul H. Buhler	
STREET ADDRESS	206 E RIDGE VILLAGE DR	2.3 STREET ADDRESS	3160 Mary St.	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL 33133	
TITLE	PD	3.1 TITLE		☐ Change ☐ Addition
NAME	KELLERMAN, EDWIN F.	3.2 NAME		
STREET ADDRESS	11359 S.W. 85TH LANE	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	CROW PATRICIA	4.2 NAME		
STREET ADDRESS	2600 SEGOVIA ST. # 702	4.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134	4.4 CITY-ST-ZIP		
TITLE	ASD	5.1 TITLE	ASD	☒ Change ☐ Addition
NAME	JONES, CAROLYN	5.2 NAME	Paul H. Walters	
STREET ADDRESS	906 E RIDGE VILL DR	5.3 STREET ADDRESS	310 East Ridge Village Dr.	
CITY-ST-ZIP	MIAMI, FL 00000	5.4 CITY-ST-ZIP	Miami, FL 33157	
TITLE	ATD	6.1 TITLE	ATD	☒ Change ☐ Addition
NAME	TEAS HOWARD	6.2 NAME	J. Robb Hasencamp	
STREET ADDRESS	417 EAST RIDGE VILLAGE DR.	6.3 STREET ADDRESS	206 East Ridge Village Dr.	
CITY-ST-ZIP	MIAMI FL 33157	6.4 CITY-ST-ZIP	Miami, FL 33157	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J. Robb Hasencamp Jan. 19, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0043330