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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 33157-8984

3. Date Incorporated or Qualified: 12/29/1961
3a. Date of Last Report: 06/10/1996

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

4. FEI Number: 59-0903331 ☐ Applied For ☐ Not Applicable

6. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MOORE, MR. GERALD
~~BOX BRICKELL AVENUE, X 14TH FLOOR~~
MIAMI FL ~~33183~~ 33138

700 N.E. 90 St.
Suite B
Miami, FL 33138-3205

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 617.0502 and 617.1508, 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 617.0503, 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	TD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CLARK, CLINTON		1.2 NAME		
STREET ADDRESS	6205 S.W. 147 TERR		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	BUHLER, PAUL H		2.2 NAME	Donald D. Dunlop	
STREET ADDRESS	3160 MARY STREET		2.3 STREET ADDRESS	7027 S.W. 148 Terr.	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami, FL 33158	
TITLE	PD	☒ DELETE	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	BUTLER, WILLIAM R		3.2 NAME	Steven C. Wittmer	
STREET ADDRESS	P.O. BOX 248193 N/A		3.3 STREET ADDRESS	1280 Blue Road	
CITY-ST-ZIP	CORAL GABLES FL 33124-4602		3.4 CITY-ST-ZIP	Coral Gibles, FL 33146	
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SUGGS, ROSE		4.2 NAME		
STREET ADDRESS	606 EAST RIDGE VILLAGE DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33157		4.4 CITY-ST-ZIP		
TITLE	ASD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WALTERS, PAUL H		5.2 NAME		
STREET ADDRESS	310 EAST RIDGE VILLAGE DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000		5.4 CITY-ST-ZIP		
TITLE	ATD	☒ DELETE	6.1 TITLE	ATD	☒ Change ☐ Addition
NAME	WITTMER, STEVEN C		6.2 NAME	Paul Walters	
STREET ADDRESS	1280 BLUE ROAD		6.3 STREET ADDRESS	310 East Ridge Village Dr.	
CITY-ST-ZIP	CORAL GABLES FL 33146		6.4 CITY-ST-ZIP	Miami, FL 33157	

CR2E037 (9/96)

14. I do 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 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: Steven C. Wittmer March 27, 1997 (305)-238-2623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0031386