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May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

3. Date Incorporated or Qualified: 12/29/1961

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

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)

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MOORE, MR. GERALD
700 N.E. 90 ST.
SUITE B
MIAMI FL 33138

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	TD	☒ Change ☐ Addition
NAME	CLARK, CLINTON		1.2 NAME	KATZ, OTTO	
STREET ADDRESS	6205 S.W. 147 TERR		1.3 STREET ADDRESS	228 EAST RIDGE VILLAGE DRIVE	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33157	
TITLE	VPD	☒ DELETE	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	DUNLOP, DONALD D.		2.2 NAME	CROMPTON, THOMAS R.	
STREET ADDRESS	7027 S.W. 148 TERR.		2.3 STREET ADDRESS	9880 WEST SUBURBAN DRIVE	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33156	
TITLE	PD	☒ DELETE	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	WITTMER, STEVEN C.		3.2 NAME	EATON, JULIAN F.	
STREET ADDRESS	1280 BLUE ROAD		3.3 STREET ADDRESS	12500 S. W. 62ND AVENUE	
CITY-ST-ZIP	CORAL GABLES FL		3.4 CITY-ST-ZIP	MIAMI, FLORIDA 33156	
TITLE	SD	☒ DELETE	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	SUGGS, ROSE		4.2 NAME	DABNEY PARK, JR.	
STREET ADDRESS	606 EAST RIDGE VILLAGE DR		4.3 STREET ADDRESS	3920 DURANGO	
CITY-ST-ZIP	MIAMI FL 33157		4.4 CITY-ST-ZIP	CORAL GABLES, FLORIDA 33134	
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		☐ Change ☐ Addition
NAME	WALTERS, PAUL		6.2 NAME		
STREET ADDRESS	310 EAST RIDGE VILLAG DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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: Julian F Eaton JULIAN F EATON CHAIRMAN 4/22/98 305-256-3505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #