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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702209

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/29/1961
Suite, Apt. #, etc. 22	*Suite, Apt. #, etc.* 27	4. FEI Number 59-0903331 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 Julian F. Eaton ERROR ERROR 1-11-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KATZ, OTTO		1.2 NAME	
STREET ADDRESS	228 EAST RIDGE VILLAGE DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157		1.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CROMPTON, THOMAS R		2.2 NAME	
STREET ADDRESS	9880 WEST SUBURBAN DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156		2.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	EATON, JULIAN F		3.2 NAME	
STREET ADDRESS	12500 S W 62ND AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156		3.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	PARK, JR DABNEY		4.2 NAME	
STREET ADDRESS	3920 DURANGO		4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134		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	☐ 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	

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Otto Katz, Jr. 2/8/99 (305) 256-3506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)