## 2004 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

**FILED** Apr 26, 2004 8:00 am Secretary of State

DOCUMENT # 702209  1. Entity Name EAST RIDGE RETIREMENT VILLAGE, INC.						04-26-200	4 91 009	034 ****6	1.25
Principal Place of Business         Malling Address           19301 SW 87 AVE         19301 SW 87 AVE           MIAMI, FL 33157         MIAMI, FL 33157							0 X U 3	PATE 1	-
2. Principal Place of Business 3. M		3. Mailing Addres	. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, e	Suite, Apt. #, etc.		04202004	Chg-NP	CR2E0	37 (10/03)	
City & State		City & State	City & State		4. FEI Number 59-09033	31		——————————————————————————————————————	plied For t Applicable
Zip	Zip Country		Zip Country		5. Certificate of Status Desired			\$8.75 Addi	
	6. Name and Address of Current F	Registered Agent		Ţ	7. Name and Ad	dress of New	Registered	Agent	
MOORE N	AD CERALD			Name					
MOORE, MR. GERALD 333 N E 23RD STREET MIAMI, FL 33137			Street Address (P.O. Box Number is Not Acceptable)						
				City			Fl	Zip Code	•
	named entity submits this statement for ions of registered agent.	the purpose of char	nging its register	red office or reg	gistered agent, or both, i	n the State of F	lorida. I am	n familiar with, a	and accept
	Signature, typed or printed name of registered agent a	nd title if applicable.	(NOTE: Registere	ed Agent signature re	equired when reinstating)		DATE		ļ
7	Filling Fee is \$61.25  Due by May 1, 2004	9. Elec	(NOTE: Registere	Financing _	\$5.00 May Be Added to Fees	1	Make ched	ck payable to	1
10.	Filing Fee is \$61.25 Due by May 1, 2004	9. Elec Trus	tion Campaign I	Financing Ition.	\$5.00 May Be Added to Fees	Flo	Make cheo rida Depa	rtment of St	ate
10. TITLE 7	Filing Fee is \$61.25	9. Elec Trus	tion Campaign t Fund Contribu	Financing ution.	\$5.00 May Be	Flo	Make cheo rida Depa	rtment of St	ate
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SIGNATURE: June L. Martin, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 21, 2004 (305)238-2623

<sup>12.</sup> I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.