

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90111 023 ****61.25

DOCUMENT # 702209 1. Entity Name EAST RIDGE RETIREMENT VILLAGE, INC.					
Principal Place of Business 19301 SW 87 AVE MIAMI, FL 33157			Mailing Address 19301 SW 87 AVE MIAMI, FL 33157		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent MOORE, GERALD 333 N. 23RD ST. MIAMI, FL 33137				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LIEBERMAN, ARTHUR J 13643 SW 92ND COURT MIAMI, FL 33176		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Messiry, James B. 331 Los Pinos Place Coral Gables, Florida 33143	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARVEL, LILLIAN 910 EAST RIDGE VILLAGE DR MIAMI, FL 33157		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD North, Arthur M. 338 East Ridge Village Drive Miami, Florida 33157	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CBOD SIMS, BARBARA S 322 EAST RIDGE VILLAGE DRIVE MIAMI, FL 33157		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CBOD Gregory, Gary M. 3810 Braganza Avenue, Miami, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARTIN, JUNE C 505 EAST RIDGE VILLAGE DRIVE MIAMI, FL 33157		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
SIGNATURE: <i>Arthur M. North</i> March 27, 2006 (305) 238-2623					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					