2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702209

FILED Feb 27, 2009 Secretary of State

Entity Name: EAST RIDGE RETIREMENT VILLAGE, INC.

Current Principal Place of Business: New Principal Place of Business:

19301 SW 87 AVE MIAMI, FL 33157

Current Mailing Address: New Mailing Address:

19301 SW 87 AVE MIAMI, FL 33157

FEI Number: 59-0903331 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DEMONTMOLLIN, STEPHEN J 4300 N.W. 89TH BOULEVARD GAINESVILLE, FL 32606 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

() Delete

Title: TD (X) Change () Addition

 Name:
 MESSIRY, JAMES B
 Name:
 LIEBERMAN, ARTHUR J

 Address:
 331 LOS PINOS PLACE
 Address:
 13643 SW 92ND COURT

 City-St-Zip:
 CORAL GABLES, FL 33143
 City-St-Zip:
 MIAMI, FL 33176

Title: VD () Delete Title: VD (X) Change () Addition

Name: NORTH, ARTHUR M Name: PERKINS, JAY

 Address:
 3550 NORTH MOORINGS WAY
 Address:
 4225 SAN AMARO DRIVE

 City-St-Zip:
 COCONUT GROVE, FL 33155
 City-St-Zip:
 CORAL GABLES, FL 33146

Title: CBOD () Delete Title: CBOD (X) Change () Addition Name: GREGORY, GARY M Name: GREGORY, GARY M

 Address:
 3810 BRAGANZA AVE.
 Address:
 3810 BRAGANZA AVE.

 City-St-Zip:
 MIAMI, FL 33157
 City-St-Zip:
 MIAMI, FL 33133

 $\label{eq:title:sde} {\sf Title:} \qquad {\sf SD} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf SD} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

Name: MARVEL, LILLIAN Name: GARWOOD, CAROLYN
Address: 910 EAST RIDGE VILLAGE DRIVE Address: 511 EAST RIDGE VILLAGE

City-St-Zip: MIAMI, FL 33157 City-St-Zip: MIAMI, FL 33157

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TROY HART P 02/27/2009