2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2010
Secretary of State

DOCUMENT# 702209

Entity Name: EAST RIDGE RETIREMENT VILLAGE, INC.

Current Principal Place of Business:

19301 SW 87 AVE
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

19301 SW 87 AVE
MIAMI, FL 33157

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DCEO
Name: GALLAGHER, MICHAEL P
Address: 4300 NW 89 BLVD
City-St-Zip: GAINESVILLE, FL 32606

Title: DP
Name: HART, TROY R
Address: 4300 NW 89 BLVD
City-St-Zip: GAINESVILLE, FL 32606

Title: DC
Name: GREGORY, GARY M
Address: 3810 BRAGANZA AVE.
City-St-Zip: MIAMI, FL 33133

Title: DS
Name: GARWOOD, CAROLYN
Address: 511 EAST RIDGE VILLAGE
City-St-Zip: MIAMI, FL 33157

Title: DT
Name: BUCHANAN, LESLIE W
Address: 6390 SW 96TH STREET
City-St-Zip: MIAMI, FL 33156

Title: DVC
Name: PERKINS, JAY
Address: 4225 SAN AMARO DRIVE
City-St-Zip: CORAL GABLES, FL 33146

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL P. GALLAGHER DCEO 02/04/2010

Electronic Signature of Signing Officer or Director Date