

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 05, 2012
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 ()****Name and Address of Current Registered Agent:**ZIEGLER, STEVEN M
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: P
Name: HART, TROY R
Address: 4300 NW 89 BLVD
City-St-Zip: GAINESVILLE, FL 32606

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

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

Title: DT
Name: HOELLE, THORTON
Address: 200 SOUTH BISCAYNE BLVD., #3050
City-St-Zip: MIAMI, FL 33131

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

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: STEVEN M. ZIEGLER

AS

06/05/2012

Electronic Signature of Signing Officer or Director

Date