1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 748767

EASTRIDGE PROFESSIONAL PLAZA OWNERS ASSOCIATION, INC.

Principal Place of Business									
2020	WEST	MCNAB	ROAD						
FORT	F LAUD	ERDALE	FL 33309						

Mailing Address

2020 WEST MCNAB ROAD FORT LAUDERDALE FL 33309

FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90021 015 ****61.25

* 89257 - 90021⁵- 15 *



—	ace of Business	2a. Mailing Addi	ess				3. Date Incorporated 09/04/1979	or Qualifed			
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.				4. FEI Number		-	<u> </u>	olied For	
22		27					59-2264127			`	Applicable
City & State			City & State				5. Certificate of Status	Desired		\$8.75 A	
Zip	Country	Zip	· —				Election Campaign Trust Fund Contrib	_		\$5.00 Added t	- 1
			30				0. Name and Addres		Registered		
	9. Name and Address of Current	Kadistelen Adeitt		81	Name						
FFHI HABI	er, robert f.			82		Address	(P.O. Box Number is	Not Accepta	able)	<u></u>	
2020 W. MCNAB ROAD							·				
	IDERDALE FL 33309			83				ļ			
, 0111 510	,			84	City				FL	85 Zip (ode
	to the provisions of Sections 617.0502 egistered agent, or both, in the State or m familiar with, and accept the obligation					corporat oration's	ion submits this state board of directors. I f	ment for the ereby acce	purpose o ot the appo	f changing its intment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Register	ed Agen	t signature red	equired who	en reinstating)		DATE		
12.	OFFICERS AND		13				ADDITIONS/CHAN	GES TO OF	FICERS A	ND DIRECTO	RS IN 12
TITLE	PD		DELETE 1.1	TITLE						☐ Change	Addition
NAME	FEHLHABER, ROBERT F.		1,21	NAME							
	PERLANDER, RODERT 1.			STREET	ADDRESS						
STREET ADDRESS	FT. LAUDERDALE FL			CITY-ST	- 1						
CITY-ST-ZIP TITLE	TD			TITLE		,				Change	☐ Addition
	EATON, LILA A.	_	2.2	NAME							•
NAME	W 440044D DO4D			2.3 STREET ADDRESS							
STREET ADDRESS	l			CITY-S		ł	•				
CITY-ST-ZIP	FT. LAUDERDALE FL D			TITLE	17-21					Change	☐ Addition
	FEHLHABER, JULIANA			NAME							1
NAME	ARRA MIL MONIAR PR		B		T ADDRESS						
STREET ADDRESS				CITY-S		ļ		-			
CITY-ST-ZIP	FT. LAUDERDALE FL			TITLE	71-21	-				☐ Change	☐ Addition
TITLE				NAME	1	1					
NAME	Į		1		T ADDRESS				,		
STREET ADDRESS				CITY-S							
CITY-ST-ZIP				TITLE	·- ZIF	-				Change	Addition
TITLE				NAME	l						
NAME	1		1		T ADDRESS						
STREET ADDRESS				CITY-S							
CITY-ST-ZIP	<u> </u>	<u> </u>		TITLE			9			Change	Addition
TITLE		ب	OLLE IL	NAME					•		
NAME					T ADDRESS	1					
STREET ADDRESS											
CITY-ST-ZIP			6.4	CITY-S	1-212	l					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: