


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 748767


1. Entity Name
EASTRIDGE PROFESSIONAL PLAZA OWNERS ASSOCIATION, INC.



Principal Place of Business
**2020 WEST MCNAB ROAD
 FORT LAUDERDALE, FL 33309**

Mailing Address
**2020 WEST MCNAB ROAD
 FORT LAUDERDALE, FL 33309**

DO NOT WRITE IN THIS SPACE



01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2264127

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

**FEHLHABER, ROBERT F.
 2020 W. MCNAB ROAD
 FORT LAUDERDALE, FL 33309**

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
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, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FEHLHABER, ROBERT F. 2020 W. MCNAB ROAD FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD EATON, LILA A. 2020 W. MCNAB ROAD FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FEHLHABER, JULIANA 2020 W. MCNAB RD. FT. LAUDERDALE, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 02/28/05-01058-038 31.25

12. 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 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: Juliana De Rosa Director Date: 2/24/05 Daytime Phone #: 954 971-3821

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR