2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2009
Secretary of State

DOCUMENT# 767680

Entity Name: EAGLE RIDGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-2490000 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 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: D ( ) Delete
Name: BECKERINK, WILLIAM
Address: 14513 AERIES WAY #414
City-St-Zip: FORT MYERS, FL 33912

Title: VPD ( ) Delete
Name: GOSSWILLER, RICHARD
Address: 4095 PONCHARTIAN DR
City-St-Zip: NEW BUFFALO, MI 49117

Title: D ( ) Delete
Name: FREDETTE, LARRY
Address: 7401 TWIN EAGLE LN
City-St-Zip: FT MYERS, FL 33912

Title: PD ( ) Delete
Name: MCCLOSKEY, HEWITT
Address: 14517 EAGLE RIDGE DR
City-St-Zip: FORT MYERS, FL 33912

Title: STD ( ) Delete
Name: BISHOP, JIM
Address: 14509 AERIES WAY DR #315
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change ( ) Addition
Name: BURKE, PATRICK
Address: 14501 AERIES WAY DR #121
City-St-Zip: FORT MYERS, FL 33912

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: HEWITT MCCLOSKEY PD 03/03/2009

Electronic Signature of Signing Officer or Director — Date