

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

06-02-2008 90001 046 \*\*\*76.25  
N94000001366

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1st MOORE CR2E037 (10/07)

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| DOCUMENT # N94000001366                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                         |                                                                                                                                                                                                                             |                                                                                                                                                     |
| 1. Entity Name<br>EAGLE RIDGE AT LAUDERHILL ASSOCIATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                         |                                                                                                                                                                                                                             |                                                                                                                                                     |
| Principal Place of Business<br>8360 W. OAKLAND PARK BLVD. STE 301<br>FORT LAUDERDALE FL 33351<br>US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                         | Mailing Address<br>C/O ALLIANCE PROPERTY SYSTEMS<br>PO BOX 452199<br>FORT LAUDERDALE FL 33345-2199<br>US<br><i>PIN Oak Management</i>                                                                                       |                                                                                                                                                     |
| 2. Principal Place of Business - No P.O. Box #<br>4851 N.W. 103 Ave.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                         | 3. Mailing Address<br>P.O. Box 551057                                                                                                                                                                                       |                                                                                                                                                     |
| Suite, Apt. #, etc.<br>Suite 54                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                         | Suite, Apt. #, etc.                                                                                                                                                                                                         |                                                                                                                                                     |
| City & State<br>Sunrise, FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                         | City & State<br>Ft. Lauderdale, FL                                                                                                                                                                                          |                                                                                                                                                     |
| Zip<br>33351                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Country<br>Broward                                                                                      | Zip<br>33355-1057                                                                                                                                                                                                           | Country<br>Broward                                                                                                                                  |
| 8. Name and Address of Current Registered Agent<br>BAKALAR & EICHNER<br>WESTSIDE CORPORATE CENTER<br>150S. PINE ISLAND RD SUITE 540<br>PLANTATION FL 33324                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                         | 7. Name and Address of New Registered Agent<br>Name <i>PIN Oak Management, INC</i><br>Street Address (P.O. Box Number is Not Acceptable)<br>4851 N.W. 103 Avenue<br>Ste. 54<br>City <i>Sunrise</i> FL Zip Code <i>33351</i> |                                                                                                                                                     |
| 6. 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.<br>SIGNATURE <i>[Signature]</i> DATE <i>5/08/08</i>                                                                                                                                                                                                                                                                                                                                                            |                                                                                                         |                                                                                                                                                                                                                             |                                                                                                                                                     |
| FILE NOW: FEE IS \$61.25<br>Due By May 1, 2008                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                         | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                                                                                                             |                                                                                                                                                     |
| Make Check Payable to<br>Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                         |                                                                                                                                                                                                                             |                                                                                                                                                     |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                         | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                                                                       |                                                                                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | OT<br>CANGE, FRITZ<br>5158 NW 87 TERR<br>LAUDERHILL FL 33351 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                              | DS<br>CANGE, Fritz<br>5158 N.W. 87 TERR.<br>LAUDERHILL, FL 33351 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DS<br>ADEAGBO, OLUFOLAKE<br>5151 NW 87 TERR<br>FORT LAUDERDALE FL 33351 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                              | DT<br>Adeagbo, Olufolake<br>5151 N.W. 87 TERR.<br>LAUDERHILL, FL 33351 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DP<br>HAMILTON, JANNETTE<br>5167 NW 87 TERRACE<br>LAUDERHILL FL 33351 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                              | DP<br>Hamilton, Jannette<br>5167 N.W. 87 TERR<br>LAUDERHILL, FL 33351 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <i>[Signature]</i> <input type="checkbox"/> Delete                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                              | DP<br>Perry, Shaun<br>5139 N.W. 87 TERR<br>LAUDERHILL, FL 33351 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                              | DVP<br>Chutz, Brenda<br>5155 N.W. 87 TERRACE<br>LAUDERHILL, FL 33351 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                         | 5/12/08 954-693-8888                                                                                                                                                                                                        |                                                                                                                                                     |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                         | Date Day to Phone #                                                                                                                                                                                                         |                                                                                                                                                     |