NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001366

1. Entity Name

Eagle Ridge At Lauderhill Association, Inc

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JUN -9 PM 4:25

DO NOT WRITE IN THIS SPACE

200156952972
06/09/09--01040--012 **61.25
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5167 NW 87 Terrace	5167 NW 87 Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lauderhill, FL	City & State: Lauderhill, FL
Zip: 33351 Country: USA	Zip: 33351 Country: USA

4. FEI Number 65-0527452 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Jannette Hamilton

Street Address (P.O. Box Number is Not Acceptable): 5167 NW 87 Terrace

City: LAUDERHILL **FL** Zip Code: 33351

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: _____ 5/4/2009
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Shaun Perry 5139 NW 87 Terrace, Lauderhill, FL 33251
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	vice President Jannette Hamilton 5167 NW 87 Terrace, Lauderhill, FL 33251
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Brenda Chustz 5155 NW 87 Terrace, Lauderhill, FL 33251
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Olufolake Adeagbo 5151 NW 87 Terrace, Lauderhill, FL 33251
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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 5/4/2009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #