

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000001366

**FILED**  
**Apr 05, 2010**  
**Secretary of State**

**Entity Name:** EAGLE RIDGE AT LAUDERHILL ASSOCIATION, INC.

**Current Principal Place of Business:**

5167 NW 87 TERRACE  
LAUDERHILL, FL 33351 US

**New Principal Place of Business:**

**Current Mailing Address:**

5167 NW 87 TERRACE  
LAUDERHILL, FL 33351 US

**New Mailing Address:**

**FEI Number:** 65-0527452

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HAMILTON, JANNETTE  
5167 NW 87 TERRACE  
LAUDERHILL, FL 33351 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:** P  
**Name:** PERRY, SHAUN  
**Address:** 5139 NW 87 TERRACE  
**City-St-Zip:** LAUDERHILL, FL 33251

**Title:** VP  
**Name:** HAMILTON, JANNETTE  
**Address:** 5167 NW 87 TERRACE  
**City-St-Zip:** LAUDERHILL, FL 33351

**Title:** S  
**Name:** CHUSTZ, BRENDA  
**Address:** 5155 NW 87 TERRACE  
**City-St-Zip:** LAUDERHILL, FL 33351

**Title:** T  
**Name:** ADEAGBO, OLUFOLAKE  
**Address:** 5151 NW 87TH TERRACE  
**City-St-Zip:** LAUDERHILL, FL 33251

I hereby 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 all other like empowered.

**SIGNATURE:** JANNETTE HAMILTON

VP

04/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date