2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9700006668

Entity Name: EAGLE RIDGE LAKES I, INC.

FILED Mar 03, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
SUITE 5000	T STATE ROA DD, FL 32779				
Current Mailing Address:			New Maili	ng Address:	
0400 WEO		D 424			
SUITE 5000	T STATE ROA D	AD 434			
LONGWOOD, FL 327795044					
FEI Number: 59-3481153 FEI Number Applied For () FEI		FEI Number Not Appl	icable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
2180 WES	IANAGEMENT	D 434, SUITE 5000			
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:					
	Electron	ic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	NICHOLSON, D	RIDGE LAKE DR #102	Title: Name: Address: City-St-Zip:	TSD (X) Change () Addition NICHOLSON, DONALD A 13850 EAGLE RIDGE LAKE DR #102 FORT MYERS, FL 33912	
Title: Name: Address: City-St-Zip:	SURICO, JOSE	RIDGE LAKE DR. #102	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PETERSON, DA	RIDGE LAKE DR. #101	Title: Name: Address: City-St-Zip:	VPD (X) Change () Addition LAWRENCE, KELLY 13871 EAGLE RIDGE LAKE DR #202 FORT MYERS, FL 33912	
Title: Name: Address: City-St-Zip:	D () HORECKY, EAR 8381 TRENTWO FORT MYERS,	DOD CT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	OBRIEN, PEGG	RIDGE LAKES DR #202	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition LEWIS, CORNELIUS 13870 EAGLE RIDGE LAKES DR #203 FORT MYERS, FL 33912	

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: JOSEPH SURICO PD 03/03/2009