

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702209

Entity Name: EAST RIDGE RETIREMENT VILLAGE, INC.**Current Principal Place of Business:**19301 SW 87 AVE
MIAMI, FL 33157**Current Mailing Address:**19301 SW 87 AVE
MIAMI, FL 33157**FEI Number:** 59-0903331**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ZIEGLER, STEVEN M
4300 N.W. 89TH BOULEVARD
GAINESVILLE, FL 32606 US*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**Officer/Director Detail :**

Title	DIRECTOR/CEO
Name	ZIEGLER, STEVEN M
Address	4300 NW 89TH BLVD.
City-State-Zip:	GAINESVILLE FL 32606

Title	DIRECTOR
Name	DOERR, BEN I JR.
Address	1411 NW 46TH TERRACE
City-State-Zip:	GAINESVILLE FL 32605

Title	DIRECTOR, CHAIRMAN
Name	HOOD, GLENDA E
Address	1210 LANCASTER DRIVE
City-State-Zip:	ORLANDO FL 32806

Title	DIRECTOR, VC
Name	SASSER, JACKSON N PHD
Address	1096 SW 131ST STREET
City-State-Zip:	NEWBERRY FL 32669

Title	DIRECTOR
Name	SCHREIBER, LAWRENCE G
Address	18768 NW 244TH STREET
City-State-Zip:	HIGH SPRINGS FL 32643

Title	PRESIDENT
Name	JENNETTE, RONALD E
Address	13085 SW 1 LN #105
City-State-Zip:	NEWBERRY FL 32669

Title	DIRECTOR
Name	MADDRON, KEVIN R
Address	4500 DARTFORD CT
City-State-Zip:	ORLANDO FL 32826

Title	DIRECTOR
Name	WALKER, STUART A
Address	6830 BRADBURY LANE
City-State-Zip:	DALLAS TX 75230

Continues on page 2

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: STEVEN ZIEGLER**CHIEF EXECUTIVE
OFFICER****04/22/2025**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	STEWART, DAVID K
Address	2517 MYERS PARK CT
City-State-Zip:	BRENTWOOD TN 37027