

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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
Name MOONEY, PAMELA J PHD
Address 555 5TH AVENUE NE
PH #1
City-State-Zip: ST. PETERSBURG FL 33701

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

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

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

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

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

Title EXECUTIVE DIRECTOR
Name KREMER, DAVID
Address 19301 SW 87 AVE
City-State-Zip: MIAMI FL 33157

Title DIRECTOR
Name FERNANDEZ, KATHERINE L
Address 17720 GULF BOULEVARD
202
City-State-Zip: REDINGTON SHORES FL 33708

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 M. ZIEGLER

ASSISTANT SECRETARY 04/13/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LEE, JAMES D
Address 229 S. SLEIGHT STREET
City-State-Zip: NAPERVILLE IL 60540

Title DIRECTOR
Name BARRETO, RITA M
Address 180 E TALL OAKS CIRCLE
City-State-Zip: PALM BEACH GARDENS FL 33410

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

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

Title DIRECTOR
Name HAILE, GREGORY A
Address 2756 NE 30TH STREET
City-State-Zip: FORT LAUDERDALE FL 33306