

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 738807 (7)
1. Corporation Name
ESTATES OF ALPINE WOODS ASSOCIATION, INC.



Principal Place of Business: 8646 BRIDLE PATH CT, DAVIE FL 33328, US
Mailing Address: C/O RICK PETERSON, 4801 S UNIVERSITY DR - BOX 3080, DAVIE FL 33328

3. Date Incorporated or Qualified: 04/22/1977
3a. Date of Last Report: 09/29/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	59-1801051	Not Applicable
23. City & State	27. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
24. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
30. Country			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PETERSON, RICK CPA 4801 S UNIVERSITY DR BOX 3080 DAVIE FL 33328		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	FL 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD STEVENSON, PEGGY 8615 BRIDLE PATH CT DAVIE FL 33328	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V TABOR, DAVID 8633 BRIDLE PATH CT DAVIE FL 33328	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Richard Auerbach
STREET ADDRESS		2.3 STREET ADDRESS	8644 Bridle Path Ct.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	DAVIE, Fla. 33328
TITLE	S SCHRIEBER, TERRY 8609 BRIDLE CT DAVIE FL 33328	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D STILLER, RICHARD 8616 BRIDLE PATH CT. DAVIE FL 33328	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Doug Bomford
STREET ADDRESS		4.3 STREET ADDRESS	8611 Bridle Path Ct.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	DAVIE, Fla 33328
TITLE	D RICCUITO, LARRY 8619 BRIDLE PATH CT DAVIE FL 33328	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	D Robert Carr
STREET ADDRESS		5.3 STREET ADDRESS	8624 Bridle Path Ct.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	DAVIE, Fla. 33328
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: Peggy Stevenson (Peggy Stevenson) 2-22-96 305-475-8421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)