

FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 27 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 738807 (7)
1. Corporation Name
ESTATES OF ALPINE WOODS ASSOCIATION, INC.



Principal Place of Business 8646 BIRDLE PATH CT DAVIE FL 33328 US	Mailing Address C/O RICK PETERSON 4901 S UNIVERSITY DR - BOX 3080 DAVIE FL 33328
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3. Date Incorporated or Qualified 04/22/1977		
4. FEI Number 59-1801051	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent PETERSON, RICK CPA 4801 S UNIVERSITY DR BOX 3080 DAVIE FL 33328	
81 Name	10. Name and Address of New Registered Agent
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> DELETE STEVENSON, PEGGY 8615 BRIDLE PATH CT DAVIE FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> DELETE AUERBACH, RICHARD 8674 BRIDLE PATH COURT DAVIE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> DELETE SCHRIEBER, TERRY 8609 BRIDLE CT DAVIE FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> DELETE BORNFORD, DOUG 8611 BRIDLE PATH COURT DAVIE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> DELETE CARR, ROBERT 8624 CRIDEL PATH COURT DAVIE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	David Tabor,
2.3 STREET ADDRESS	8633 Bridle Path Ct
2.4 CITY-ST-ZIP	Davie, FL. 33328
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BOMFORD
4.3 STREET ADDRESS	(Correction)
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Tarshis, Harvey
5.3 STREET ADDRESS	8648 Bridle Path Ct.
5.4 CITY-ST-ZIP	Davie, F. 33328
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE: _____ **SIGNATURE REQUIRED** 1-15-98 754-475-8421

CF2E087 (10/97)