

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738807

1. Entity Name

ESTATES OF ALPINE WOODS ASSOCIATION, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90079 016 ****61.25

Principal Place of Business

Mailing Address

8646 BRIDLE PATH CT
 DAVIE FL 33328
 US

C/O RICK PETERSON
 4801 S UNIVERSITY DR - BOX 3080
 DAVIE FL 33328-3839



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1801051

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETERSON, RICK CPA
 4801 S UNIVERSITY DR
 BOX 3080
 DAVIE FL 33328

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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: *RICHARD MARKOWITZ PRESIDENT*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

[Signature] X 1-10-00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	STEVENSON, PEGGY	
STREET ADDRESS	8615 BRIDLE PATH CT	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	T	<input type="checkbox"/> Delete
NAME	BOMFORD, DOUG	
STREET ADDRESS	8611 BRIDLE PATH COURT	
CITY-ST-ZIP	DAVIE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TARSHIS, HAVREY	
STREET ADDRESS	8648 BRIDLE PATH COURT	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Davie, FL 33328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Markowitz,	
STREET ADDRESS	8629 Bridle Path Ct.	
CITY-ST-ZIP	Davie, Fl. 33328	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Tabor,	
STREET ADDRESS	8633 Bridle Path Ct	
CITY-ST-ZIP	Davie, Fl. 33328	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/2000

CR2E037 (9/99)