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Jan 29, 1999 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

01-29-1999 90017 005 *****61.25

DOCUMENT # 768206

1. Corporation Name

ALPINE VILLAS WEST HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

P. O. BOX 15144
 WEST PALM BEACH FL 33416-5514

Mailing Address

P. O. BOX 15144
 WEST PALM BEACH FL 33416-5514



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

05/02/1983

22 City & State

27 City & State

4. FEI Number
 59-2641582

Applied For
 Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24

25

Country

29

30

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DICKER, EDWARD
EDWARD DICKER OF ST. JOHN KING & DICKER
500 AUSTRALIAN AVE. S., STE. 600
WEST PALM BCH. FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | VPD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CLINE, DONNA | 1.2 NAME | |
| STREET ADDRESS | 2426 LENA LN | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | W. PALM BEACH FL 33415 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WIRKS, MICHAELLE | 2.2 NAME | |
| STREET ADDRESS | 2487 LENA LANE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | W. PALM BEACH FL | 2.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KENNEY, EILEEN | 3.2 NAME | |
| STREET ADDRESS | 2432 LENA LANE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | W. PALM BEACH FL 33415 | 3.4 CITY-ST-ZIP | |
| TITLE | PD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RADD, DON | 4.2 NAME | |
| STREET ADDRESS | 2488 LENA LANE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | W PALM BCH FL | 4.4 CITY-ST-ZIP | |
| TITLE | TD <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | THACKER, PHYLLIS | 5.2 NAME | |
| STREET ADDRESS | 2405 LENA LANE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | W. PALM BEACH FL | 5.4 CITY-ST-ZIP | |
| 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 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, with all other like empowered.

SIGNATURE: *Phyllis Thacker* **Phyllis Thacker** 1-12-99 561-624-2064

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)