

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90027 014 ****61.25

J U B I O O



DO NOT WRITE IN THIS SPACE

DOCUMENT # 768206
 1. Entity 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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2641582	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent
DICKER, EDWARD
EDWARD DICKER OF ST. JOHN KING & DICKER
500 AUSTRALIAN AVE. S., STE. 600
WEST PALM BCH. FL

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME VPD CLINE, DONNA STREET ADDRESS 2426 LENA LN CITY-ST-ZIP W. PALM BEACH FL 33415	<input checked="" type="checkbox"/> Delete
TITLE NAME D WIRKS, MICHAELLE STREET ADDRESS 2487 LENA LANE CITY-ST-ZIP W. PALM BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME SD KENNEY, EILEEN STREET ADDRESS 2432 LENA LANE CITY-ST-ZIP W. PALM BEACH FL 33415	<input type="checkbox"/> Delete
TITLE NAME PD RADD, DON STREET ADDRESS 2488 LENA LANE CITY-ST-ZIP W PALM BCH FL	<input type="checkbox"/> Delete
TITLE NAME TD THACKER, PHYLLIS STREET ADDRESS 2405 LENA LANE CITY-ST-ZIP W. PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME PD Addonizio, Robert STREET ADDRESS 2458 Lena Lane CITY-ST-ZIP West Palm Beach, FL 33415	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D Navarro, Rosemarie STREET ADDRESS 2272 Lena Lane CITY-ST-ZIP West Palm Beach, FL 33415	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: PHYLLIS THACKER 1-23-01 561-641-4594
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)