

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 15, 2007  
Secretary of State**

DOCUMENT# 768206

Entity Name: ALPINE VILLAS WEST HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

P. O. BOX 15144  
WEST PALM BEACH, FL 334165514

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 15144  
WEST PALM BEACH, FL 334165514

**New Mailing Address:**

FEI Number: 59-2641582      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DICKER, EDWARD  
EDWARD DICKER OF ST. JOHN KING & DICKER  
1818 AUSTRALIAN AVE. S., STE. 400  
WEST PALM BCH., FL 33409 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: KNOTH, GRAHAM  
Address: 2328 LENA LN  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: VP      ( ) Delete  
Name: GREENE, MARY BETH  
Address: 2454 LENA LN  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: T      ( ) Delete  
Name: KNOTH, TANYA  
Address: 2328 LENA LN  
City-St-Zip: W. PALM BEACH, FL 33415

Title: D      ( ) Delete  
Name: MUHLERWORTH, KEN  
Address: 2401 LENA LANE  
City-St-Zip: WEST PALM BEACH, FL 33415

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      ( ) Change (X) Addition  
Name: GREEN, WES  
Address: 2454 LENA LANE  
City-St-Zip: WEST PALM BEACH, FL 33415

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TANYA KNOTH

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

T

03/15/2007

\_\_\_\_\_  
Date