2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State
03-12-2004 90002 027 ****61.25

DOCUMENT # N97000001867

1. Entity Name

ALPINE VILLAGE ROC, INC.

Principal Place of Business	Mailing Address
18 CENTER STREET LAKE PLACID FL 33852	18 CENTER STREET LAKE PLACID FL 33852

DD4U0UJJ

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0752995 ☐ Applied For ☐ Not Applicable

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
GARAS, MARGARET H 18 CLAY STREET LAKE PLACID FL 33852	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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MAYFIELD, E CLYDE 2 PENNSYLVANIA AVE LAKE PLACID FL 33852	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Mayfield, E. Clyde 2 Pennsylvania Ave Lake Placid, FL 33852	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT O'DELL, MELVIN L 13 CLAY ST LAKE PLACID FL 33852	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D P Hohne, George 2 Lake St Lake Placid, FL 33852	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRABILL, MARTIN 10 BRYANT STREET LAKE PLACID FL 33852	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Garas, Margaret 18 Clay St Lake Placid, FL 33852	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAWBAKER, JAME 15 CLAY ST LAKE PLACID FL 33852	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REYNOLDS, DONALD 15 PENNSYLVANIA AVE LAKE PLACID FL 33852	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JONES, CLIFFORD 2 LAKE STREET LAKE PLACID FL 33852	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Margaret H Garas V.P 3/22/04 863-465-9143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #