2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# N97000001867

Entity Name: ALPINE VILLAGE ROC, INC.

Current Principal Place of Business:

18 CENTER STREET
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

18 CENTER STREET
LAKE PLACID, FL 33852

New Mailing Address:

FEI Number: 65-0752995 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARAS, MARGARET H
18 CLAY STREET
LAKE PLACID, FL 33852 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: LEEDY, THOMAS
Address: 10 GARY ST
City-St-Zip: LAKE PLACID, FL 33852

Title: VP ( ) Delete
Name: GUISE, GEORGE
Address: 5 GARY ST
City-St-Zip: LAKE PLACID, FL 33852

Title: S ( ) Delete
Name: SHAFFER, EUGEND
Address: 18 CTR ST
City-St-Zip: LAKE PLACID, FL 33852

Title: D ( ) Delete
Name: CHRISTIAN, CHARLES
Address: 1 GARY ST
City-St-Zip: LAKE PLACID, FL 33852

Title: D ( ) Delete
Name: ZELLNER, ROBERT
Address: CLAY ST
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change ( ) Addition
Name: SHAFFER, EUGENE
Address: 18 CTR ST
City-St-Zip: LAKE PLACID, FL 33852

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

Title: D (X) Change ( ) Addition
Name: ZELLNER, ROBERT
Address: 5 CLAY ST
City-St-Zip: LAKE PLACID, FL 33852

I hereby certify that the information supplied with this filing does not qualify 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: MARGARET H. GARAS REGISTER AGENT/BD MEMBER D 03/02/2009

Electronic Signature of Signing Officer or Director — Date