

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 768206 (5)
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		3. Date Incorporated or Qualified 05/02/1983	3a. Date of Last Report 04/07/1995
2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2641582		Applied For Not Applicable	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. 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		10. Name and Address of New Registered Agent	
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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BADGER, ROSAIRE	1.2 NAME	
STREET ADDRESS	2274 LENA LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL 33415	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EHRlich, JERRY	2.2 NAME	
STREET ADDRESS	2399 LENA LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL 33415	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	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, SHERON	4.2 NAME	
STREET ADDRESS	2271 LENA LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL 33415	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" 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 33415	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Rosanne Badger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-96
Date

(407) 697-1959
Daytime Phone #

CR2E037 (12/95)