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Jan 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **738807** (7)

1. Corporation Name

ESTATES OF ALPINE WOODS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

8646 BIRDLE PATH CT  
DAVIE FL 33328  
US

C/O RICK PETERSON  
4901 S UNIVERSITY DR - BOX 3080  
DAVIE FL 33328



3. Date Incorporated or Qualified

04/22/1977

4. FEI Number

59-1801051

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PETERSON, RICK CPA  
4801 S UNIVERSITY DR  
BOX 3080  
DAVIE FL 33328

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 ☐ DELETE  
NAME STEVENSON, PEGGY  
STREET ADDRESS 8615 BRIDLE PATH CT  
CITY-ST-ZIP DAVIE FL 33328

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE V ☒ DELETE  
NAME AUERBACH, RICHARD  
STREET ADDRESS 8674 BRIDLE PATH COURT  
CITY-ST-ZIP DAVIE FL

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME David Tabor,  
2.3 STREET ADDRESS 8633 Bridle Path Ct  
2.4 CITY-ST-ZIP Davie, FL. 33328

TITLE S ☐ DELETE  
NAME SCHRIEBER, TERRY  
STREET ADDRESS 8609 BRIDLE CT  
CITY-ST-ZIP DAVIE FL 33328

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE T ☐ DELETE  
NAME BORNFOR, DOUG  
STREET ADDRESS 8611 BRIDLE PATH COURT  
CITY-ST-ZIP DAVIE FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME BOMFORD  
4.3 STREET ADDRESS (Correction)  
4.4 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME CARR, ROBERT  
STREET ADDRESS 8624 CRIDEL PATH COURT  
CITY-ST-ZIP DAVIE FL

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME Tarshis, Harvey  
5.3 STREET ADDRESS 8648 Bridle Path Ct.  
5.4 CITY-ST-ZIP Davie, F. 33328

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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:

*[Signature]* SIGNATURE REQUIRED

1-15-98 754-475-8421

CR2E087 (10/97)