

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000001867 (7)**

1. Corporation Name

ALPINE VILLAGE ROC, INC.

Principal Place of Business

**18 CENTER STREET
LAKE PLACID FL 33852**

Mailing Address

**18 CENTER STREET
LAKE PLACID FL 33852**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

04/03/1997

4. FEI Number

65 0752995

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BERNSTEIN, DAVID S
RUDEN, MCCLOSKEY, SMITH, SCHUSTER, ET AL.,
150 SECOND AVENUE NORTH, 17TH FLOOR
ST. PETERSBURG FL 33701**

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 **DP** ☐ DELETE

NAME **CRABILL, MARTIN L**
STREET ADDRESS **10 BRYAN STREET**
CITY-ST-ZIP **LAKE PLACID FL 33852**

1.1 TITLE **D** ☒ Change ☐ Addition

1.2 NAME **Crabill Martin**
1.3 STREET ADDRESS **10 Bryan Street**
1.4 CITY-ST-ZIP **Lake Placid, FL 33852**

TITLE **DV** ☐ DELETE

NAME **O'DELL, MELVIN L**
STREET ADDRESS **13 BRYAN STREET**
CITY-ST-ZIP **LAKE PLACID FL 33852**

2.1 TITLE **DT** ☒ Change ☐ Addition

2.2 NAME **O'Dell Melvin**
2.3 STREET ADDRESS **13 Bryan Street**
2.4 CITY-ST-ZIP **Lake Placid, FL 33852**

TITLE **DST** ☐ DELETE

NAME **LAWSON, DOLORES D**
STREET ADDRESS **1 CLAY STREET**
CITY-ST-ZIP **LAKE PLACID FL 33852**

3.1 TITLE **DS** ☒ Change ☐ Addition

3.2 NAME **Lawson Dolores**
3.3 STREET ADDRESS **1 Clay Street**
3.4 CITY-ST-ZIP **Lake Placid, FL 33852**

TITLE **DST** ☒ DELETE

NAME **VAUGHT, WANDA J**
STREET ADDRESS **18 CENTER STREET**
CITY-ST-ZIP **LAKE PLACID FL 33852**

4.1 TITLE **DV** ☐ Change ☒ Addition

4.2 NAME **Crank Herbert**
4.3 STREET ADDRESS **14 Lake Street**
4.4 CITY-ST-ZIP **Lake Placid, FL 33852**

TITLE **D** ☐ DELETE

NAME **JONES, CLIFFORD J**
STREET ADDRESS **2 LAKE STREET**
CITY-ST-ZIP **LAKE PLACID FL 33852**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE

NAME **LEEDY, ROBERT G**
STREET ADDRESS **11 BRYAN STREET**
CITY-ST-ZIP **LAKE PLACID FL 33852**

6.1 TITLE **DP** ☐ Change ☒ Addition

6.2 NAME **Mayfield E. Clyde**
6.3 STREET ADDRESS **2 Pennsylvania**
6.4 CITY-ST-ZIP **Lake Placid, FL 33852**

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:

Mayfield E. Clyde

E. Clyde Mayfield 3-4-98

941 465 2465