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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000001867

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Zip

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

9. Name and Address of Current Registered Agent

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

81 Name

Herbert Crank

82 Street Address

14 Lake Street

83

84 City

Lake Placid

FL

85 Zip Code

33852

10. Name and Address of New Registered Agent

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

Herbert Crank
Signature, typed or printed name of registered agent and date if applicable.

Herbert Crank

Feb 9, 1999

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

TITLE **DV** ☐ DELETE
NAME **CRANK, HERBERT**
STREET ADDRESS **14 LAKE STREET**
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**

TITLE **DP** ☐ DELETE
NAME **MAYFIELD, E C**
STREET ADDRESS **2 PENNSYLVANIA**
CITY-ST-ZIP **LAKE PLACID FL 33852**

13.

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition
D
GERALD AMERMAN
8 PENNSYLVANIA AVE
LAKE PLACID, FL 33852

☐ Change ☒ Addition
DS
ALICE PASCHAL
12 CLAY STREET
LAKE PLACID, FL 33852

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

E. C. Mayfield
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (11/98)