

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90089 049 \*\*\*\*61.25

**DOCUMENT # N97000001867**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0752995

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GARAS, MARGARET H  
18 CLAY STREET  
LAKE PLACID FL 33852

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAYFIELD, E CLYDE	
STREET ADDRESS	2 PENNSYLVANIA AVE	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	DT	<input type="checkbox"/> Delete
NAME	O'DELL, MELVIN L	
STREET ADDRESS	13 CLAY ST	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRABILL, MARTIN	
STREET ADDRESS	10 BRYANT STREET	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAWBAKER, JAME	
STREET ADDRESS	15 CLAY ST	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REYNOLDS, DONALD	
STREET ADDRESS	15 PENNSYLVANIA AVE	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	DP	<input type="checkbox"/> Delete
NAME	HOHNE, GEORGE	
STREET ADDRESS	2 LAKE STREET	
CITY-ST-ZIP	LAKE PLACID FL 33852	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas Leedy	
STREET ADDRESS	10 Gary St.	
CITY-ST-ZIP	Lake Placid, FL 33852	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles Christian	
STREET ADDRESS	1 Gary St	
CITY-ST-ZIP	Lake Placid, FL 33852	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kenneth Sterner	
STREET ADDRESS	9 Bryan St	
CITY-ST-ZIP	Lake Placid, FL 33852	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Guise	
STREET ADDRESS	3 Clay St.	
CITY-ST-ZIP	Lake Placid, FL 33852	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George Hohne	
STREET ADDRESS	2 Lake St.	
CITY-ST-ZIP	Lake Placid, FL 33852	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Leedy	
STREET ADDRESS	11 Bryan ST	
CITY-ST-ZIP	Lake Placid, FL 33852	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE**

*Melvin L O'Dell - Melvin L. O'Dell Treas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-22-05*

Date

*863 465-8110*

Daytime Phone #