2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738807

Entity Name: ESTATES OF ALPINE WOODS ASSOCIATION, INC.

FILED May 30, 2020 Secretary of State 5031426348CC

Current Principal Place of Business:

C/O JILSA MANAGEMENT LLC 2054 VISTA PARKWAY, SUITE400 WEST PALM BEACH, FL 33411

Current Mailing Address:

C/O JILSA MANAGEMENT LLC 2054 VISTA PARKWAY, SUITE400 WEST PALM BEACH, FL 33411 US

FEI Number: 59-1801051 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PROPERTY MANAGEMENT PARTNERS, INC 7112 WEST MCNAB ROAD TAMARAC, FL 33321 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title **DIRECTOR** Title **PRESIDENT** Name O'REILLY, NATHALIE Name RAMIREZ. JUAN

Address C/O JILSA MANAGEMENT LLC Address C/O JILSA MANAGEMENT LLC

2054 VISTA PARKWAY, SUITE400 2054 VISTA PARKWAY, SUITE400

WEST PALM BEACH FL 33411 WEST PALM BEACH FL 33411 City-State-Zip: City-State-Zip:

DIRECTOR Title Title

BORGE, ROBERTO SAGITOVA, ELENA Name Name

C/O JILSA MANAGEMENT LLC C/O JILSA MANAGEMENT LLC Address Address

2054 VISTA PARKWAY, SUITE400 2054 VISTA PARKWAY, SUITE400

WEST PALM BEACH FL 33411 WEST PALM BEACH FL 33411 City-State-Zip: City-State-Zip:

Title **SECRETARY** Title DIRECTOR Name CRABTREE, MARIE Name CORREA, JAIR

C/O JILSA MANAGEMENT LLC C/O JILSA MANAGEMENT LLC Address Address

> 2054 VISTA PARKWAY, SUITE400 2054 VISTA PARKWAY, SUITE400

City-State-Zip: WEST PALM BEACH FL 33411 City-State-Zip: WEST PALM BEACH FL 33411

Title 2ND SECRETARY Title DIRECTOR

Name MCPHEE, SONIA Name GEMMILL, BILLIE

C/O JILSA MANAGEMENT LLC C/O JILSA MANAGEMENT LLC Address Address

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

05/30/2020 SIGNATURE: JUAN RAMIREZ PRESIDENT

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title TREASURER Title DIRECTOR

Name GRACIANO, SUSAN Name DOTEN, CLAIRE

Address C/O JILSA MANAGEMENT LLC Address C/O JILSA MANAGEMENT LLC

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