

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738807

FILED
Apr 27, 2017
Secretary of State
CC5103431641

Entity Name: ESTATES OF ALPINE WOODS ASSOCIATION, INC.

Current Principal Place of Business:

C/O PROPERTY MANAGEMENT PARTNERS
7116 W MCNAB
TAMARAC, FL 33321

Current Mailing Address:

C/O PROPERTY MANAGEMENT PARTNERS
7116 W MCNAB
TAMARAC, FL 33321 US

FEI Number: 59-1801051

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PROPERTY MANAGEMENT PARTNERS, INC
7116 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 P
Name TABOR, TRACY
Address 7116 W MCNAB RD
City-State-Zip: TAMARAC FL 33321

Title DIRECTOR
Name VALSAMIS, ANNA
Address 7116 W MCNAB RD
City-State-Zip: TAMARAC FL 33321

Title DIRECTOR
Name LANIER, PAMELA
Address 7116 W MCNAB RD
City-State-Zip: TAMARAC FL 33321

Title SECRETARY
Name COMOTTOR, RUTH
Address C/O PROPERTY MANAGEMENT PARTNERS
7116 W MCNAB
City-State-Zip: TAMARAC FL 33321

Title TREASURER
Name TARSHIS, HARVEY
Address C/O PROPERTY MANAGEMENT PARTNERS
7116 W MCNAB
City-State-Zip: TAMARAC FL 33321

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.

SIGNATURE: TRACY TABOR

PRESIDENT

04/27/2017

Electronic Signature of Signing Officer/Director Detail

Date