2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738807

Entity Name: ESTATES OF ALPINE WOODS ASSOCIATION, INC.

FILED Apr 19, 2021 Secretary of State 9649984730CC

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:

KRAVIT LAW, P.A. 2101 NW CORPORATE BLVD. SUITE 410 BOCA RATON, FL 33431 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

Officer/Director Detail:

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

C/O JILSA MANAGEMENT LLC Address Address C/O JILSA MANAGEMENT LLC 2054 VISTA PARKWAY, SUITE400 2054 VISTA PARKWAY, SUITE400

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

Title **DIRECTOR** Title ٧P

Name BORGE, ROBERTO Name SAGITOVA, ELENA

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

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 SECRETARY Title DIRECTOR CRABTREE, MARIE Name Name CORREA, JAIR

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

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

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

2054 VISTA PARKWAY, SUITE400

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

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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.

SIGNATURE: RAMIREZ, JUAN **PRES** 04/19/2021

2054 VISTA PARKWAY, SUITE400

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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