

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 768206

**Entity Name:** ALPINE VILLAS WEST HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O INFINITY COMMUNITY MGMT  
5350 10TH AVENUE N SUITE 2  
GREENACRES, FL 33463

**Current Mailing Address:**

C/O INFINITY COMMUNITY MGMT  
5350 10TH AVENUE N SUITE 2  
GREENACRES, FL 33463 US

**FEI Number:** 59-2641582

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MILBERG KLEIN, P.L.  
5550 GLADES ROAD  
SUITE 500  
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

Date

**Officer/Director Detail :**

Title P  
Name KNOTH, GRAHAM  
Address C/O INFINITY COMMUNITY MGMT  
5350 10TH AVENUE N SUITE 2  
City-State-Zip: GREENACRES FL 33463  
  
Title SECRETARY  
Name HARKER, LINDA  
Address C/O INFINITY COMMUNITY MGMT  
5350 10TH AVENUE N SUITE 2  
City-State-Zip: GREENACRES FL 33463

Title T  
Name KNOTH, TANYA  
Address C/O INFINITY COMMUNITY MGMT  
5350 10TH AVENUE N SUITE 2  
City-State-Zip: GREENACRES FL 33463  
  
Title DIRECTOR  
Name PENNINGTON, MIKE  
Address C/O INFINITY COMMUNITY MGMT  
5350 10TH AVENUE N SUITE 2  
City-State-Zip: GREENACRES FL 33463

*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:** GRAHAM KNOTH

**PRESIDENT**

**04/29/2017**

Electronic Signature of Signing Officer/Director Detail

Date