

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001867

Entity Name: ALPINE VILLAGE ROC, INC.**Current Principal Place of Business:**18 CENTER STREET
LAKE PLACID, FL 33852**Current Mailing Address:**18 CENTER STREET
LAKE PLACID, FL 33852**FEI Number:** 65-0752995**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GARAS, MARGARET H
18 CLAY STREET
LAKE PLACID, FL 33852 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	D
Name	KLUGOW, CHESTER
Address	1 BRYAN ST
City-State-Zip:	LAKE PLACID FL 33852

Title	S
Name	SHAFFER, EUGENE
Address	18 CTR ST
City-State-Zip:	LAKE PLACID FL 33852

Title	D
Name	CHRISTIAN, CHARLES
Address	1 GARY ST
City-State-Zip:	LAKE PLACID FL 33852

Title	VP
Name	MASE, ROSS
Address	4 CULVER ST.
City-State-Zip:	LAKE PLACID FL 33852

Title	D
Name	GREER, WILLIAM
Address	2 GARY AVE
City-State-Zip:	LAKE PLACID FL 33852

Title	PRESIDENT
Name	BREWER, RICHARD
Address	6 CULVER ST
City-State-Zip:	LAKE PLACID FL 33852

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: RICHARD BREWER**P****01/12/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date