

**2022 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 US

**FEI Number:** 65-0752995

**Certificate of Status Desired:** No

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

REED, GARY E  
18 CENTER  
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:** GARY E REED

01/06/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name SHAFFER, EUGENE  
Address 18 CULVER STREET  
City-State-Zip: LAKE PLACID FL 33852

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

Title PRESIDENT  
Name GUISE, GEORGE  
Address 5 GARY  
City-State-Zip: LAKE PLACID FL 33852

Title VP  
Name CAVERLY, JACK  
Address 10 CLAY  
City-State-Zip: LAKE PLACID FL 33852

Title DIRECTOR  
Name REED, GARY  
Address 6 BRYAN  
City-State-Zip: LAKE PLACID FL 33852

Title DIRECTOR  
Name CAVERLY, JACK  
Address 10 CLAY 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:** GARY REED

D

01/06/2022

Electronic Signature of Signing Officer/Director Detail

Date