

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728290

FILED
Apr 21, 2010
Secretary of State

Entity Name: ALPINE WOODS ASSOCIATION, INC.

Current Principal Place of Business:

8527 OLD COUNRTY MANOR
FT LAUDERDALE, FL 33328 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 551390
DAVIE, FL 333551390 US

New Mailing Address:

C/O WEST BROWARD COMMUNITY MGMT
820 SOUTH STATE RD 7
PLANTATION, FL 33317 US

FEI Number: 59-1546872

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEST BROWARD COMMUNITY MANAGEMENT, INC.
11530 STATE ROAD 84
DAVIE, FL 33325 US

Name and Address of New Registered Agent:

WEST BROWARD COMMUNITY MANAGEMENT, INC.
820 SOUTH STATE ROAD 7
PLANTATION, FL 33317 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:

04/21/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S
Name: MORALES, NATASHA D
Address: 8513 OLD COUNTRY MANOR #416
City-St-Zip: DAVIE, FL 33328

Title: V
Name: BOEHM, AUDREY
Address: 8521 OLD CONTRY MANOR #525
City-St-Zip: DAVIE, FL 33328

Title: T
Name: DIERKSMEIER, GEORGE
Address: 8524 OLD COUNTRY MANOR, SUITE #104
City-St-Zip: DAVIE, FL 33328

Title: P
Name: GUGLIUZZA, KIM
Address: 8528 OLD COUNTRY MANOR #124
City-St-Zip: DAVIE, FL 33328

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: KIM MARIE GUGLIUZZA

P

04/21/2010

Electronic Signature of Signing Officer or Director

Date