

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90022 007 ****61.25

DOCUMENT # 738807 1. Entity Name ESTATES OF ALPINE WOODS ASSOCIATION, INC.					
Principal Place of Business 8646 BIRDLE PATH CT DAVIE, FL 33328 US				Mailing Address 8646 BIRDLE PATH CT DAVIE, FL 33328 US	
2. Principal Place of Business - No P.O. Box # 8646 Bridle Path Court Suite, Apt. #, etc.				3. Mailing Address 8646 Bridle Path Ct. Suite, Apt. #, etc.	
City & State DAVIE, FL Zip 33328		City & State DAVIE, FL Zip 33328		4. FEI Number 59-1801051	
Country US		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent D&B PROPERTY MANAGEMENT SERVICES, INC. 7300 WEST MCNAB ROAD SUITE 220 TAMARAC, FL 33321				7. Name and Address of New Registered Agent Name Property Management Partners, Inc. Street Address (P.O. Box Number is Not Acceptable) 7300 West McNab Road, #220 City Tamarac FL Zip Code 33321	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Margaret L. Linn</i> DATE 2/28/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RASKA, DENISE 8625 BRIDLE PATH CT DAVIE, FL 33328 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Dave Tabor 8633 Bridle Path Ct. DAVIE, FL 33328 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARKOWITZ, RICHARD 8629 BRIDLE PATH CT DAVIE, FL 33328 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Mary Stiller 8616 Bridle Path Ct. DAVIE, FL 33328 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MADZI, JOANN 8660 BRIDLE PATH CT DAVIE, FL 33328 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec/Treas Susan Blum 8618 Bridle Path Ct. DAVIE, FL 33328 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARKOWITZ, RICHARD 8629 BRIDLE PATH CT DAVIE, FL 33328 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir Sam Simon 8603 Bridle Path Ct. DAVIE, FL 33328 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir Betty Hart 8690 Bridle Path Ct. DAVIE, FL 33328 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir Marie Crabtree 8600 Bridle Path Ct. DAVIE, FL 33328 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>David R. Tabor</i> DATE 2/28/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					