2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 759157

1. Entity Name
ALPINE WOODS OF ROLLING HILLS HOMEOWNERS' ASSOCIATION, INC.

FILED
04 DEC -2 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3921 W STATE RD 84 201 DAVIE, FL 33312	8188 S CORAL CIRCLE N LAUDERDALE, FL 33068

07022004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
8188 South Coral Circle	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: North Lauderdale, FL	City & State
Zip: 33068 Country	Zip Country

4. FEI Number 65-0105462 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ERDLEE, ALAN 3921 W STATE RD 84 201 DAVIE, FL 33312	Name Street Address (P.O. Box Number is Not Acceptable): 8188 South Coral Circle City: North Lauderdale FL Zip Code: 33068

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 _____ Alan E. Erdlee 11/10/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD JEFFERS, JAMES 8251 SW 41 STREET DAVIE, FL 33328	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHURCHILL, MARK R. 3980 SW 84 TERRACE DAVIE, FL 33328	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LIND WILLIAMS 8441 SW 40 CT DAVIE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 WILLIAMS, LINDA 400042797054 12/01/04 01013 014 **175.00	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CODLING, EMMALOU 8401 SW 41ST ST. DAVIE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ITZCHAKI, ZVI 8311 SW 41 STREET DAVIE, FL 33328	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAILY, BARBARA 8231 SW 41ST ST. DAVIE, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHERON, BERNARD 4010 SW 84 TERRACE DAVIE, FL 33328	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEWBURG, CRAIG 4061 SW 82ND TERR DAVIE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GILCHRIST, JAMES 4021 SW 82 TERRACE DAVIE, FL 33328	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	400042797054 11/16/04--01071--019 **61.25	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ Bernard Cheron 11/10/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #