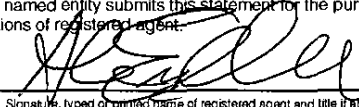
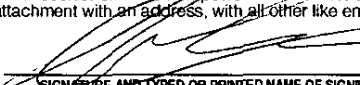


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 RECEIVED 01	
Principal Place of Business 3921 W STATE RD 84 201 DAVIE, FL 33312				Mailing Address 8188 S CORAL CIRCLE N LAUDERDALE, FL 33068			
2. Principal Place of Business 8188 South Coral Circle				3. Mailing Address			
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 ERDLEE, ALAN 3921 W STATE RD 84 201 DAVIE, FL 33312				7. Name and Address of New Registered Agent 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	
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 CHIRON, BERNARD 4070 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	☐ 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 Chiron		11/10/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #	