2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2005 8:00 am Secretary of State

Res South CADAL CRICLE RORTH LAUDERDALE, FL 33068 3. Maling Address Suite, Apr. 4, etc. 2. Puricipal Place of Business Suite, Apr. 4, etc. 3. Maling Address Suite, Apr. 4, etc. 3. Maling Address Suite, Apr. 4, etc. 3. Sale Apr. 4, etc. 4. FEI Number 6. Total Suite City & State City & State City & State City & State 6. Name and Address of Current Registered Agent 7. Name and Address of Rew Registered Agent Res Required 7. Name and Address of Rew Registered Agent 8. Seed Address (P.O. Box Number is Not Acceptable) Fee Required 7. Name and Address of Rew Registered Agent 8. Seed Address (P.O. Box Number is Not Acceptable) Fee Required 7. Name and Address of Rew Registered Agent 8. Seed Address (P.O. Box Number is Not Acceptable) Fee Required 7. Name and Address of Rew Registered Agent 8. Seed Address (P.O. Box Number is Not Acceptable) Fee Required 7. Name and Address of Rew Registered Agent 8. Seed Address (P.O. Box Number is Not Acceptable) Fee Required	1. Entity Name ALPINE WOODS OF ROLLING HILLS HOMEOWNERS' ASSOCIATION, INC.							05	5-04-2005 9	0110 038	****61	.25
Suite, Apt. 4, etc.	8188 SOUTH CORAL CIRCLE 818			8188	8188 SOUTH CORAL CIRCLE							
City & State Country Country	2. Principal Place of Business 3. Mailing				ailing Address							
Second continued Second cont	Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.			02162005 _{CI}	ng-NP	CR2E037	(10/03)	
Country Zip Country Zip Country S. Certificate of Status Desired \$8,75 Action Repairment Re	City & State			Cit	City & State				2		<u> </u>	
ROLEE, ALAN 8188 SOUTH CORAL CIRCLE NORTH LAUDERDALE, FL 33068 6. The abover named entity submits this statement for the purpose of changing is registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Special Spec	Zip Country		Zip	Zip Cour			5. Certificate of St	atus Desired		8.75 Add	ditional	
STREET AUGRESS STREET AUGRESS	6. Name and Address of Current Registered Agent					i		7. Name and Add	ress of New R	egistered Ag	jent	
8188 SOUTH CORAL CIRCLE NORTH LAUDERDALE, FL 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Sprawer, paged or preservious of registered agent and title if applicable.						Name						
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 agent. SIGNATURE Signature	8188 SOUTH CORAL CIRCLE				Street Address			(P.O. Box Number is Not Acceptable)				
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 Filling Fee is \$61.25 Due by May 1, 2005 P. Election Campaign Financing Trust Fund Contribution. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS NI 10 TITLE PO			, 1 2 00000									
SIGNATURE Filing Fee is \$61.25 Due by May 1, 2005 S. Election Campaign Financing Trust Fund Contribution. S. Added to Fees Make check payable to Florida Department of State	L										'	
Superior in present name of registered agent and site if agolicable NOTE Regulatered Appert spyrature required Apent	The above the obligat	named entity tions of regist	y submits this statement tered agent.	for the purp	ose of changing its	registered office	or register	ed agent, or both, in	the State of Flo	orida. I am fa	miliar with,	and accept
Due by May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. TITLE PD JEFFERS, JAMES SIRET ADDRESS A25 SW 41 STREET DAVIE, FL 33328 CITY-ST-2IP DAVIE, FL 33328 DAVIE, FL 33328 TRUEL D JAME SIRET ADDRESS CITY-ST-2IP DAVIE, FL 33328 TRUEL SIRET ADDRESS CITY-ST-2IP DAVIE, FL 33328 TRUEL SIRET ADDRESS CITY-ST-2IP DAVIE, FL 33328 TRUEL SD JAME SIRET ADDRESS CITY-ST-2IP DAVIE, FL TITLE SD CODLING, EMMALOU STREET ADDRESS CITY-ST-2IP DAVIE, FL TITLE D CHURCHILL, MARK R SIRET ADDRESS CITY-ST-2IP DAVIE, FL TITLE D CHURCHILL, MARK R SIRET ADDRESS CITY-ST-2IP DAVIE, FL STREET ADDRESS STREET	SIGNATURE .	Signature, typed	For printed name of registered age	nt and title if app	cable. (NOTE	E. Bountarol America	ah ra maukad					
TITLE JEFFERS, JAMES JAMES JEFFERS, JAMES JAMES JAMES JEFFERS, JAMES JAMES JAMES JAMES JAVES, FL 33328 JAVES, FL 33328 JAVES, FL 33328 JAVES, FL 33328 JEFFERS, JAMES JAMES JAVES, FL 33328 JAVES, FL 33328 JAVES, JAMES JAVES, FL 33328 JAVES, JAMES JAVES, JAMES JAVES, JAMES JAVES, JAMES JAVES,		_				c. negisterou Againt signe	more required	when reinstating)		DATE		ł
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TITLE NAME WILLIAMS, LINDA B441 SW 40 CT STREET ADDRESS OITY-ST-ZIP DAVIE, FL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAVIE	10.	_	e is \$61.25 lay 1, 2005		9. Election Car	mpaign Financing Contribution.		\$5.00 May Be Added to Fees	Flor	ake check ida Departr	nent of St	tate
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CHURCHILL, MARK R 3980 SW 84 TERRACE DAVIE, FL 33328 CITY-SI-ZIP TITLE D NAME STREET ADDRESS CITY-SI-ZIP DAVIE, FL STREET ADDRESS CITY-SI-ZIP DAVIE, FL TITLE D NAME STREET ADDRESS CITY-SI-ZIP DAVIE, FL TITLE D Delete TITLE D NAME STREET ADDRESS CITY-SI-ZIP DAVIE, FL TITLE D Delete TITLE D Delete TITLE NAME STREET ADDRESS CITY-SI-ZIP DAVIE, FL TITLE D Delete TITLE NAME STREET ADDRESS CITY-SI-ZIP DAVIE, FL TITLE D Delete TITLE NAME STREET ADDRESS CITY-SI-ZIP DAVIE, FL TO DELET STREET ADDRESS CITY-SI-ZIP DAVIE, FL TO Change Addition TO Change Addition TO Change Addition TO Change Addition TO Change TO Change Addition TO Change TO	TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS	PD JEFFERS 8251 SW DAVIE, FL D WILLIAMS 8441 SW	officers and conficers and con		9. Election Car Trust Fund C	npaign Financing Contribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD Bern 4070 David D Jame	\$5.00 May Be Added to Fees ADDITIONS/CHANG and Charon S.W. 84 Terr e, FL 33328 es Gilchrist S.N. 82 Terr	Flor ES TO OFFICEI	ake check ida Departr RS AND DIRE	CTORS IN Change	tate 4 10 Addition
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NAME ITZCHAKI, ZVI NAME STREET ADDRESS CITY-ST-ZIP DAVIE, FL 33328 12. Thereby 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD JEFFERS 8251 SW DAVIE, FL D WILLIAMS 8441 SW DAVIE, FL SD CODLING 8401 SW DAVIE, FL D CHURCHI 3980 SW	DE IS \$61.25 May 1, 2005 OFFICERS AND DE S. JAMES 41 STREET L 33328 S. LINDA 40 CT L G. EMMALOU 41ST ST. L ILL. MARK R 84 TERRACE		9. Election Car Trust Fund C	Inpaign Financing Contribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD Bern 4070 David D Jame	\$5.00 May Be Added to Fees ADDITIONS/CHANG and Charon S.W. 84 Terr e, FL 33328 es Gilchrist S.N. 82 Terr	Flor ES TO OFFICEI	ake check ida Departr RS AND DIRE	CTORS IN Change	tate 1 10 ☑ Addition ☑ Addition ☑ Addition
indicated on this report or supplemental report is true and accurate and marine, signature shall have the same legal effect as if made under oath; that I am an officer or director	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD JEFFERS 8251 SW DAVIE, FL D WILLIAMS 8441 SW DAVIE, FL SD CODLING 8401 SW DAVIE, FL D CHURCHI 3980 SW DAVIE, FL D NEWBUR 4061 SW	DE IS \$61.25 May 1, 2005 OFFICERS AND E S, JAMES 41 STREET L 33328 S, LINDA 40 CT L G, EMMALOU 41ST ST. L ILL, MARK R 84 TERRACE L 33328 G, CRAIG 82ND TERR		9. Election Car Trust Fund C	Inpaign Financing Contribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD Bern 4070 David D Jame	\$5.00 May Be Added to Fees ADDITIONS/CHANG and Charon S.W. 84 Terr e, FL 33328 es Gilchrist S.N. 82 Terr	Flor ES TO OFFICEI	ake check ida Departr RS AND DIRE	cTORS IN Change Change	tate 110 ☑ Addition ☑ Addition ☐ Addition

of the corporation or the recover of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR