


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-04-2005 90110 038 ****61.25

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DOCUMENT # 759157					
1. Entity Name ALPINE WOODS OF ROLLING HILLS HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 8188 SOUTH CORAL CIRCLE NORTH LAUDERDALE, FL 33068		Mailing Address 8188 SOUTH CORAL CIRCLE NORTH LAUDERDALE, FL 33068			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02162005 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 65-0105462	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ERDLEE, ALAN 8188 SOUTH CORAL CIRCLE NORTH LAUDERDALE, FL 33068			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____					
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 May 1, 2005		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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEFFERS, JAMES		NAME	Bernard Charon	
STREET ADDRESS	8251 SW 41 STREET		STREET ADDRESS	4070 S.W. 84 Terrace	
CITY-ST-ZIP	DAVIE, FL 33328		CITY-ST-ZIP	Davie, FL 33328	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, LINDA		NAME	James Gilchrist	
STREET ADDRESS	8441 SW 40 CT		STREET ADDRESS	4021 S.W. 82 Terrace	
CITY-ST-ZIP	DAVIE, FL		CITY-ST-ZIP	Davie, FL 33328	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CODLING, EMMALOU		NAME		
STREET ADDRESS	8401 SW 41ST ST.		STREET ADDRESS		
CITY-ST-ZIP	DAVIE, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHURCHILL, MARK R		NAME		
STREET ADDRESS	3980 SW 84 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	DAVIE, FL 33328		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWBURG, CRAIG		NAME		
STREET ADDRESS	4061 SW 82ND TERR		STREET ADDRESS		
CITY-ST-ZIP	DAVIE, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ITZCHAKI, ZVI		NAME		
STREET ADDRESS	8311 SW 41 STREET		STREET ADDRESS		
CITY-ST-ZIP	DAVIE, FL 33328		CITY-ST-ZIP		
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 Charon 4-20-05 954-444-3507		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		