2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State
02-09-2004 90019 011 ****61.25

DOCUMENT # 760333

1. Entity Name
ALPINO BIANCO VILLAS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
220 N TUTTLE AVE, SUITE B SARASOTA, FL 34237	220 N TUTTLE AVE, SUITE B SARASOTA, FL 34237

01202004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
1219 EAST AVE. SOUTH	1219 EAST AVE. SOUTH
Suite, Apt. #, etc.: 104	Suite, Apt. #, etc.: 104
City & State: SARASOTA, FL	City & State: SARASOTA, FL
Zip: 34239 Country: SARASOTA	Zip: 34239 Country: SARASOTA

4. FEI Number 00-0000000 59-2244863 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DANNER, ROBERT
220 N TUTTLE AVE, SUITE B
SARASOTA, FL 34237

7. Name and Address of New Registered Agent

Name: ROBERT DANNER
Street Address (P.O. Box Number is Not Acceptable): 1219 EAST AVE. SOUTH # 104
City: SARASOTA **FL** Zip Code: 34239

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: Robert Danner ROBERT DANNER 1/20/04
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 May 1, 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 TOTH, ZOLTAN 10 KATE COURT RAMSEY, NJ 07446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BARTA, ANNA 1116 BUDAPEST TOMAJ UT 11 HUNGARY,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ELTHES, MARIA 321 BEACH RDT SARASOTA, FL 34242	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: [signature] 2/4/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #