

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90082 038 \*\*\*\*61.25

**DOCUMENT # 767333**

1. Entity Name

ALPINE WOODS OF JACARANDA, PHASE I HOMEOWNERS  
ASSOCIATION, INC.



Principal Place of Business

1080 N.W. 79TH AVE.  
PLANTATION FL 33322-5163

Mailing Address

1080 N.W. 79TH AVE.  
PLANTATION FL 33322-5163

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-0043369

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

CZIRR, ROBERT  
7937 NW 10TH ST.  
FORT LAUDERDALE FL 33322

Name **MARY A. BAEWER**

Street Address (P.O. Box Number is Not Acceptable)

**7948 NW 10th ST**

City **PLANTATION**

**FL**

Zip Code **33322**

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

*Mary A. Baewer*

**MARY A. BAEWER**

**4/24/07**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

TITLE **P** ☐ Delete  
NAME **LIGHTER, BARBARA**  
STREET ADDRESS **7902 N.W. 10 STREET**  
CITY-STATE-ZIP **PLANTATION FL 33322**

TITLE **T** ☒ Delete  
NAME **RYE, KAY**  
STREET ADDRESS **7925 N.W. 10TH COURT**  
CITY-STATE-ZIP **PLANTATION FL 33322**

TITLE **VP** ☐ Delete  
NAME **COSTANZO, FLORA**  
STREET ADDRESS **7927 NW 10TH COURT**  
CITY-STATE-ZIP **PLANTATION FL 33322**

TITLE **VPD** ☐ Delete  
NAME **BISBIKOS, ERICA**  
STREET ADDRESS **1000 NW 79TH AVE.**  
CITY-STATE-ZIP **PLANTATION FL 33322**

TITLE **S** ☒ Delete  
NAME **CUNNINGHAM, MARGARET**  
STREET ADDRESS **7948 N.W. 10TH STREET**  
CITY-STATE-ZIP **PLANTATION FL 33322**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE **T** ☒ Change ☐ Addition  
NAME **BENITO RODRIGUEZ**  
STREET ADDRESS **7937 NW 10th CT**  
CITY-STATE-ZIP **PLANTATION FL 33322**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE **P** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE **S** ☒ Change ☐ Addition  
NAME **MARY A. BAEWER**  
STREET ADDRESS **7948 NW 10th ST**  
CITY-STATE-ZIP **PLANTATION FL 33322**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Mary A. Baewer*

**MARY A. BAEWER**

**4/24/07**

**954/357-7164**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone