

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43495

FILED
Mar 09, 2009
Secretary of State

Entity Name: ALPINE HEIGHTS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2884 S OSCEOLA AVENUE
ORLANDO, FL 32806 US

New Principal Place of Business:

Current Mailing Address:

2884 S OSCEOLA AVENUE
ORLANDO, FL 32806 US

New Mailing Address:

FEI Number: 59-3152406

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERDINANDSEN ENTERPRISES, INC.
2884 S OSCEOLA AVENUE
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

FERDINANDSEN ENTERPRISES, INC.
D.B.A. WORLD OF HOMES
2884 S OSCEOLA AVENUE
ORLANDO, FL 32806 US

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.

SIGNATURE: _____

03/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROMEL, JACK
Address: 1943 TROPIC BAY CT
City-St-Zip: ORLANDO, FL 32807 US

Title: VP () Delete
Name: MOLINA, MARANGELI
Address: 2040 TROPIC BAY CT
City-St-Zip: ORLANDO, FL 32807

Title: ST () Delete
Name: GONZALEZ, EUGENIO
Address: 2026 TROPIC BAY CT
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: RAMIREZ, MANUEL
Address: 2023 TROPIC BAY CT
City-St-Zip: ORLANDO, FL 32807

Title: ST (X) Change () Addition
Name: WILLENS, ANDREA
Address: 1945 TROPIC BAY CT
City-St-Zip: ORLANDO, FL 32837

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRYAN MERCED

CAM

03/09/2009

Electronic Signature of Signing Officer or Director

Date