

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90017 046 ****61.25

DOCUMENT # N97000001867

1. Entity Name

ALPINE VILLAGE ROC, INC.



Principal Place of Business

18 CENTER STREET
LAKE PLACID FL 33852

Mailing Address

18 CENTER STREET
LAKE PLACID FL 33852

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

4. FEI Number

65-0752995

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)



6. Name and Address of Current Registered Agent

GARAS, MARGARET H
18 CLAY STREET
LAKE PLACID FL 33852

7. Name and Address of New Registered Agent

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 and stamp when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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 ☐ Delete
NAME LEEDY, THOMAS
STREET ADDRESS 10 GARY ST
CITY- ST- ZIP LAKE PLACID FL 33852

TITLE ☐ Delete
NAME VP
NAME GUISE, GEORGE
STREET ADDRESS 5 GARY ST
CITY- ST- ZIP LAKE PLACID FL 33852

TITLE ☐ Delete
NAME S
NAME SHAFFER, EUGEND
STREET ADDRESS 18 CTR ST
CITY- ST- ZIP LAKE PLACID FL 33852

TITLE ☐ Delete
NAME D
NAME CHRISTIAN, CHARLES
STREET ADDRESS 1 GARY ST
CITY- ST- ZIP LAKE PLACID FL 33852

TITLE ☐ Delete
NAME D
NAME ZELLNER, ROBERT
STREET ADDRESS CLAY ST
CITY- ST- ZIP LAKE PLACID FL 33852

TITLE ☐ Delete
NAME
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☒ Addition
NAME
NAME
STREET ADDRESS
CITY- ST- ZIP

David Holloway

12 Gary

Lake Placid, FL 33852

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 617, 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:

Thomas Leedy

3-4-08 717 357 0484