


**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 MAY 23 AM 8:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 760333  
1. Entity Name  
Alpino Bianco Villas Association, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
C/O Westland Consulting  
Suite, Apt. #, etc.  
220 N. Tuttle Ave., Suite B  
City & State  
Sarasota, FL  
Zip  
34237  
Country  
Sarasota

3. Mailing Address  
C/O Westland Consulting  
Suite, Apt. #, etc.  
220 N. Tuttle Avenue, Suite B  
City & State  
Sarasota, FL  
Zip  
34237  
Country  
Sarasota

4. FEI Number  
59-2244863  
Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
Robert Danner  
Street Address (P.O. Box Number is Not Acceptable)  
220 North Tuttle Avenue, Suite B  
City  
Sarasota FL Zip Code  
34237

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 4/30/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25 Initial or Amended UBR

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 NAME STREET ADDRESS CITY - ST - ZIP	PD Zoltan Toth 10 Kate Court Ramsey, NJ 07446	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000020518940 06/04/03--01034--033--**3.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Anna Barta 1116 Budapest Tomaj UT 11 Hungary	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000020518940 06/04/03--01034--034--**1522.50
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Maria Elthes 321 Beach Road Sarasota, FL 34242	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *John R. TC* John R. TC 5/25  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)