

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
220 N TUTTLE AVE, SUITE B
SARASOTA, FL 34237

Mailing Address
220 N TUTTLE AVE, SUITE B
SARASOTA, FL 34237



2. Principal Place of Business
1219 EAST AVE. SOUTH
 Suite, Apt. #, etc.
104

3. Mailing Address
1219 EAST AVE. SOUTH
 Suite, Apt. #, etc.
104

01202004 Chg-NP CR2E037 (10/03)

City & State
SARASOTA, FL
 Zip
34239

City & State
SARASOTA, FL
 Zip
34239

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** DATE **1/20/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOZH, ZOLTAN 10 KATE COURT RAMSEY, NJ 07446 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARTA, ANNA 1116 BUDAPEST TOMAJ UT 11 HUNGARY, <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ELTHES, MARIA 321 BEACH RDT SARASOTA, FL 34242 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 approved.

SIGNATURE: **[Signature]** DATE **2/4/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #