## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT FILED May 01, 2006 08:00 Al Secretary of State **DOCUMENT #760333** 1. Entity Name ALPINO BIANCO VILLAS ASSOCIATION, INC. Principal Place of Business Mailing Address 1219 EAST AVE. S 1219 EAST AVE. S SARASOTA, FL 34239 SARASOTA, FL 34239 04272006 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-2244863 \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent DANNER, ROBERT DO NOT WRITE 1219 EAST AVE. S 104 IN THIS SPACE SARASOTA, FL 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 Signature, typed or printed name of registered agent and fille if applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by May 1, 2006

OFFICERS AND DIRECTORS

10. TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE

CITY-ST-ZIP

TITLE

NAME

TITLE NAME STREET ADDRESS

MALKE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS TOTH, ZOLTAN

BARTA, ANNA

1116 BUDAPEST

TOMAJ UT 11 HUNGARY,

10 KATE COURT

RAMSEY, NJ 07446

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Daytime Phone #

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

CITY-ST-ZIP			
TITLE			·- ·
NAME	7 34_7 (\$\frac{1}{2}\text{start})		
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 trystee 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.			
SIGNAT	TURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT	OR Y/ve/es	941-266-2013