

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 760333

**FILED**  
**Feb 26, 2008**  
**Secretary of State**

**Entity Name:** ALPINO BIANCO VILLAS ASSOCIATION, INC.

**Current Principal Place of Business:**

1219 EAST AVE. S  
104  
SARASOTA, FL 34239

**New Principal Place of Business:**

C/O 2100 S. TAMIAMI TRAIL  
100  
SARASOTA, FL 342393800

**Current Mailing Address:**

1219 EAST AVE. S  
104  
SARASOTA, FL 34239

**New Mailing Address:**

C/O 2100 S. TAMIAMI TRAIL  
100  
SARASOTA, FL 342393800

**FEI Number:** 59-2244863      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **Certificate of Status Desired** ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

DANNER, ROBERT  
1219 EAST AVE. S  
104  
SARASOTA, FL 34239 US

**Name and Address of New Registered Agent:**

TIMM, DOUGLAS  
2100 S. TAMIAMI TRAIL  
100  
SARASOTA, FL 342393800 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: DOUGLAS TIMM

02/26/2008

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: TOTH, ZOLTAN  
Address: 10 KATE COURT  
City-St-Zip: RAMSEY, NJ 07446

Title: VD ( ) Delete  
Name: BARTA, ANNA  
Address: 1116 BUDAPEST  
City-St-Zip: TOMAJ UT 11 HUNGARY,

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: ZOLTAN TOTH

PD

02/26/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date