

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F63858

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: RESORT TITLE AGENCY, INC.

**Current Principal Place of Business:**

4950 COMMUNICATION AVENUE  
SUITE 900  
BOCA RATON, FL 33431 US

**New Principal Place of Business:**

**Current Mailing Address:**

4950 COMMUNICATION AVENUE  
SUITE 900  
BOCA RATON, FL 33431 US

**New Mailing Address:**

FEI Number: 59-2150721      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MALONEY, JOHN M  
Address: 4960 CONFERENCE WAY NORTH, SUITE 100  
City-St-Zip: BOCA RATON, FL 33431

Title: DVPT ( ) Delete  
Name: PULEO, ANTHONY M  
Address: 4950 COMMUNICATION AVENUE, SUITE 400  
City-St-Zip: BOCA RATON, FL 33431

Title: VP ( ) Delete  
Name: HERZ, ALLAN J  
Address: 4960 CONFERENCE WAY NORTH SUITE100  
City-St-Zip: BOCA RATON, FL 33431

Title: S ( ) Delete  
Name: KAMINER, MICHAEL  
Address: 4960 CONFERENCE WAY NORTH, SUITE 100  
City-St-Zip: BOCA RATON, FL 33431

Title: P ( ) Delete  
Name: WARD, ANGELA  
Address: 4960 CONFERENCE WAY NORTH, SUITE 100  
City-St-Zip: BOCA RATON, FL 33431

Title: DVP ( ) Delete  
Name: WARDAK, AHMAD  
Address: 4960 CONFERENCE WAY NORTH, SUITE 100  
City-St-Zip: BOCA RATON, FL 33431

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

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

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

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

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL KAMINER

S

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date