


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90097 004 ****61.25

DOCUMENT # N0100004676

1. Entity Name
MANALAPAN ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**8259 N. MILITARY TRAIL
 SUITE 3
 PALM BCH GARDENS, FL 33410**

Mailing Address
**8259 N. MILITARY TRAIL
 SUITE 3
 PALM BCH GARDENS, FL 33410**

50033797



2. Principal Place of Business
8259 N. MILITARY TRAIL

3. Mailing Address
8259 N. MILITARY TRAIL

Suite, Apt. #, etc.
SUITE 11

Suite, Apt. #, etc.
SUITE 11

02222005 Chg-NP CR2E037 (10/03)

City & State
PALM BEACH GARDENS

City & State
PALM BEACH GARDENS

Zip
FL 33410

Country

Zip
FL 33410

Country

4. FEI Number
03-0473784

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

TARPELL, ALAN
~~**8259 N. MILITARY TRAIL**~~
~~**PALM BCH GARDENS, FL 33410**~~

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City **FL** Zip Code _____

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 _____ DATE _____
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, 2005**

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	D <input type="checkbox"/> Delete
NAME	WENZ, DAVID W
STREET ADDRESS	8259 N. MILITARY TRAIL
CITY-ST-ZIP	PALM BCH GARDENS, FL 33410
TITLE	PSTD <input type="checkbox"/> Delete
NAME	TARPELL, ALAN
STREET ADDRESS	8259 N. MILITARY TRAIL
CITY-ST-ZIP	PALM BCH GARDENS, FL 33410
TITLE	D <input type="checkbox"/> Delete
NAME	THOMPSON, DANIEL
STREET ADDRESS	8259 N. MILITARY TRAIL
CITY-ST-ZIP	PALM BCH GARDENS, FL 33410
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 empowered.

SIGNATURE: *D.P. [Signature]* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____