


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90310 015 ****61.25

DOCUMENT # N01000004676					
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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. # 11		Suite, Apt. #, etc. # 11			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 03-0473784	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TARPELL, ALAN 8259 N. MILITARY TRAIL PALM BCH GARDENS, FL 33410				Name <u>BEVERLEY JAMASON</u> Street Address (P.O. Box Number is Not Acceptable) <u>8259 N. MILITARY TRAIL # 11</u> City <u>PALM BEACH GONS</u> <u>FL</u> Zip Code <u>33410</u>	
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 <u>BEVERLEY JAMASON, PROPERTY MGR.</u>		<u>B. Jamason</u>		DATE <u>3/16/06</u>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WENZ, DAVID W 8259 N. MILITARY TRAIL PALM BCH GARDENS, FL 33410	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT & DIRECTOR GARY STROMBERS 8259 N. MILITARY TRAIL # 11 PALM BCH. GONS. FL. 33410	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD TARPELL, ALAN 8259 N. MILITARY TRAIL PALM BCH GARDENS, FL 33410	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER & DIRECTOR MURIEL BALIK 8259 N. MILITARY TRAIL # 11 PALM BCH GONS. FL. 33410	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, DANIEL 8259 N. MILITARY TRAIL PALM BCH GARDENS, FL 33410	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY & DIRECTOR NEIL SELDMAN 8259 N. MILITARY TRAIL # 11 PALM BCH. GONS. FL. 33410	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 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 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: <u>Beverly J. Seluk</u>		<u>3/16/06</u>		Date <u>561/626-0917</u> Daytime Phone #	