

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000004676

FILED
Apr 23, 2003
Secretary of State

Entity Name: MANALAPAN ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8259 N. MILITARY TRAIL
PALM BCH GARDENS, FL 33410

New Principal Place of Business:

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

Current Mailing Address:

8259 N. MILITARY TRAIL
PALM BCH GARDENS, FL 33410

New Mailing Address:

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

FEI Number: 03-0473784

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WENZ, DAVID W
Address: 8259 N. MILITARY TRAIL
City-St-Zip: PALM BCH GARDENS, FL 33410

Title: PSTD () Delete
Name: TARPELL, ALAN
Address: 8259 N. MILITARY TRAIL
City-St-Zip: PALM BCH GARDENS, FL 33410

Title: D () Delete
Name: THOMPSON, DANIEL
Address: 8259 N. MILITARY TRAIL
City-St-Zip: PALM BCH GARDENS, FL 33410

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALAN TARPELL

PSTD

04/23/2003

Electronic Signature of Signing Officer or Director

Date