I hereby certify that the information indicated on this report or supplemental report is true and accur oath; that I am an officer or director of the corporation or the receiver or trustee empowered to exec above, or on an attachment with all other like empowered.		
SIGNATURE [,] GARY MILLER	PRESIDENT	04/27/2020

SIGNATURE: GARY MILLER

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail : DIRECTOR Title Title PRESIDENT MURIEL, BALIK Name MILLER, GARY Name 4227 NORTHLAKE BOULEVARD Address Address City-State-Zip: PALM BCH GARDENS FL 33410 City-State-Zip: Title TREASURER, SECRETARY Name ALTERMAN, JAMES 4227 NORTHLAKE BOULEVARD Address

Name and Address of Current Registered Agent:

SEA BREEZE CMS, INC, 4227 NORTHLAKE BOULEVARD PALM BCH GARDENS, FL 33410 US

4227 NORTHLAKE BOULEVARD

Current Principal Place of Business:

PALM BCH GARDENS. FL 33410

4227 NORTHLAKE BOULEVARD

DOCUMENT# N0100004676

Entity Name: MANALAPAN ESTATES HOMEOWNERS ASSOCIATION, INC.

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Current Mailing Address:

PALM BCH GARDENS. FL 33410

FEI Number: 03-0473784

Electronic Signature of 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:

4227 NORTHLAKE BOULEVARD PALM BCH GARDENS FL 33410

PALM BCH GARDENS FL 33410 City-State-Zip:

FILED Apr 27, 2020 Secretary of State 5464650273CC

Certificate of Status Desired: No

PRESIDENT

Date

Date