

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004676

Entity Name: MANALAPAN ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4227 NORTHLAKE BOULEVARD
PALM BCH GARDENS, FL 33410

Current Mailing Address:

4227 NORTHLAKE BOULEVARD
PALM BCH GARDENS, FL 33410

FEI Number: 03-0473784

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Officer/Director Detail :

Title VPD
Name STROMBERG, GARY
Address 4227 NORTHLAKE BOULEVARD
City-State-Zip: PALM BCH GARDENS FL 33410

Title STD
Name ALTERMAN, JAMES
Address 4227 NORTHLAKE BOULEVARD
City-State-Zip: PALM BEACH GARDENS FL 33410

Title PD
Name MURIEL, BALIK
Address 4227 NORTHLAKE BOULEVARD
City-State-Zip: PALM BCH GARDENS FL 33410

Title DIRECTOR
Name MILLER, GARY
Address 4227 NORTHLAKE BOULEVARD
City-State-Zip: PALM BCH GARDENS FL 33410

I hereby 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 all other like empowered.

SIGNATURE: GARY STROMBERG

VICE PRESIDENT

02/28/2014

Electronic Signature of Signing Officer/Director Detail

Date