

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000004676

**Entity Name:** MANALAPAN ESTATES HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 12, 2018**  
**Secretary of State**  
**CC9141406214**

**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 SECRETARY, DIRECTOR  
Name MURIEL, BALIK  
Address 4227 NORTHLAKE BOULEVARD  
City-State-Zip: PALM BCH GARDENS FL 33410

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

Title PRESIDENT, DIRECTOR  
Name ALTERMAN, JAMES  
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 MILLER**

**PRESIDENT**

**04/12/2018**

Electronic Signature of Signing Officer/Director Detail

Date