

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F63858

Entity Name: RESORT TITLE AGENCY, INC.**Current Principal Place of Business:**4950 COMMUNICATION AVENUE
SUITE 900
BOCA RATON, FL 33431**Current Mailing Address:**4950 COMMUNICATION AVENUE
SUITE 900
BOCA RATON, FL 33431 US**FEI Number:** 59-2150721**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 DVPT
Name PULEO, ANTHONY M
Address 4960 CONFERENCE WAY NORTH,
SUITE 100
City-State-Zip: BOCA RATON FL 33431

Title DVP
Name WARDAK, AHMAD
Address 4960 CONFERENCE WAY NORTH,
SUITE 100
City-State-Zip: BOCA RATON FL 33431

Title VP
Name KELLEY, ADRIENNE
Address 4950 COMMUNICATION AVENUE
SUITE 900
City-State-Zip: BOCA RATON FL 33431

Title ASST. SECRETARY
Name EAST, MELISSA
Address 4960 CONFERENCE WAY NORTH,
SUITE 100
City-State-Zip: BOCA RATON FL 33431

Title VP
Name GENCARELLI, DIANE
Address 4950 COMMUNICATION AVENUE
SUITE 900
City-State-Zip: BOCA RATON FL 33431

Title SECRETARY
Name DE LA OSA, JORGE
Address 4960 CONFERENCE WAY N. STE 100
100
City-State-Zip: BOCA RATON FL 33431

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JORGE DE LA OSA**SECRETARY****04/04/2019**

Electronic Signature of Signing Officer/Director Detail

Date