

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F63858

Entity Name: RESORT TITLE AGENCY, INC.**Current Principal Place of Business:**4950 COMMUNICATION AVE
SUITE 900
BOCA RATON, FL**Current Mailing Address:**4950 COMMUNICATION AVE
SUITE 900
BOCA RATON, FL US**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK, INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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	VP
Name	KELLEY, ADRIENNE
Address	4950 COMMUNICATION AVENUE SUITE 900
City-State-Zip:	BOCA RATON FL 33431

Title	SECRETARY
Name	DE LA OSA, JORGE
Address	4950 COMMUNICATION AVENUE SUITE 900
City-State-Zip:	BOCA RATON FL 33431

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

Title	VP, TREASURER, DIRECTOR
Name	LOPEZ, RAYMOND S
Address	4950 COMMUNICATION AVENUE SUITE 900
City-State-Zip:	BOCA RATON FL 33431

Title	DIRECTOR
Name	FOSTER, KATHY
Address	4950 COMMUNICATION AVENUE SUITE 900
City-State-Zip:	BOCA RATON FL 33431

Title	ASSISTANT SECRETARY
Name	EAST, MELISSA
Address	4950 COMMUNICATION AVE SUITE 900
City-State-Zip:	BOCA RATON FL

Title	ASSISTANT SECRETARY
Name	MAROO, RYAN
Address	144 ELK PLACE
City-State-Zip:	NEW ORLEANS LA 70112

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, BY LAUREN 04/06/2023
DUEMIG, ATTORNEY-IN-
FACT**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

