

2013 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	D
Name	MALONEY, JOHN MJR.
Address	4960 CONFERENCE WAY NORTH, SUITE 100
City-State-Zip:	BOCA RATON FL 33431

Title	DVPT
Name	PULEO, ANTHONY M
Address	4960 CONFERENCE WAY NORTH, SUITE 100
City-State-Zip:	BOCA RATON FL 33431

Title	VP
Name	HERZ, ALLAN J
Address	4960 CONFERENCE WAY NORTH SUITE100
City-State-Zip:	BOCA RATON FL 33431

Title	S
Name	KAMINER, MICHAEL
Address	4960 CONFERENCE WAY NORTH, SUITE 100
City-State-Zip:	BOCA RATON FL 33431

Title	P
Name	WARD, ANGELA
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

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: MICHAEL KAMINER**SECRETARY****04/04/2013**

Electronic Signature of Signing Officer/Director Detail

Date