## 2017 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

FILED Mar 31, 2017

**Secretary of State** 

CC4338446837

Officer/Director Detail:

Title DVPT Title VP

Name PULEO, ANTHONY M Name HERZ, ALLAN J

Address 4960 CONFERENCE WAY NORTH, Address 4960 CONFERENCE WAY NORTH

SUITE 100 SUITE100

City-State-Zip: BOCA RATON FL 33431 City-State-Zip: BOCA RATON FL 33431

Title S Title DVP

Name KAMINER, MICHAEL Name WARDAK, AHMAD

Address 4960 CONFERENCE WAY NORTH, Address 4960 CONFERENCE WAY NORTH,

SUITE 100 SUITE 100

City-State-Zip: BOCA RATON FL 33431 City-State-Zip: BOCA RATON FL 33431

Title VP Title VP

Name GENCARELLI, DIANE Name KELLEY, ADRIENNE

Address 4950 COMMUNICATION AVENUE Address 4950 COMMUNICATION AVENUE

SUITE 900 SUITE 900

City-State-Zip: BOCA RATON FL 33431 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

Electronic Signature of Signing Officer/Director Detail

SECRETARY

03/31/2017 Date