

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90097 004 ****61.25

DOCUMENT # N01000004676

1. Entity Name
MANALAPAN ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**8259 N. MILITARY TRAIL
SUITE 3
PALM BCH GARDENS, FL 33410**

Mailing Address
**8259 N. MILITARY TRAIL
SUITE 3
PALM BCH GARDENS, FL 33410**

50033797



2. Principal Place of Business
8259 N. MILITARY TRAIL

3. Mailing Address
8259 N. MILITARY TRAIL

Suite, Apt. #, etc.
SUITE 11

Suite, Apt. #, etc.
SUITE 11

City & State
PALM BEACH GARDENS

City & State
PALM BEACH GARDENS

Zip
FL 33410

Country

Zip
FL 33410

Country

02222005 Chg-NP

CR2E037 (10/03)

4. FEI Number
03-0473784

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TARPELL, ALAN
8259 N. MILITARY TRAIL
PALM BEACH GARDENS, FL 33410**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **WENZ, DAVID W**
STREET ADDRESS **8259 N. MILITARY TRAIL**
CITY-ST-ZIP **PALM BCH GARDENS, FL 33410**

TITLE **PSTD** ☐ Delete
NAME **TARPELL, ALAN**
STREET ADDRESS **8259 N. MILITARY TRAIL**
CITY-ST-ZIP **PALM BCH GARDENS, FL 33410**

TITLE **D** ☐ Delete
NAME **THOMPSON, DANIEL**
STREET ADDRESS **8259 N. MILITARY TRAIL**
CITY-ST-ZIP **PALM BCH GARDENS, FL 33410**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

D. P. Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #