

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004676

FILED
Feb 29, 2012
Secretary of State

Entity Name: MANALAPAN ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8259 N. MILITARY TRAIL
#11
PALM BCH GARDENS, FL 33410

New Principal Place of Business:

4227 NORTHLAKE BOULEVARD
PALM BCH GARDENS, FL 33410

Current Mailing Address:

8259 N. MILITARY TRAIL
#11
PALM BCH GARDENS, FL 33410

New Mailing Address:

4227 NORTHLAKE BOULEVARD
PALM BCH GARDENS, FL 33410

FEI Number: 03-0473784

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMASON, BEVERLEY
8259 N. MILITARY TRAIL
#11
PALM BCH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

SEA BREEZE CMS, INC,
4227 NORTHLAKE BOULEVARD
PALM BCH GARDENS, FL 33410 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: BEVERLEY JAMASON

02/29/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD
Name: STROMBERG, GARY
Address: 4227 NORTHLAKE BOULEVARD
City-St-Zip: PALM BCH GARDENS, FL 33410

Title: PD
Name: MURIEL, BALIK
Address: 4227 NORTHLAKE BOULEVARD
City-St-Zip: PALM BCH GARDENS, FL 33410

Title: STD
Name: ALTERMAN, JAMES
Address: 4227 NORTHLAKE BOULEVARD
City-St-Zip: PALM BEACH GARDENS, FL 33410

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

SIGNATURE: MURIEL BALIK

PRES

02/29/2012

Electronic Signature of Signing Officer or Director

Date