2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Sep 17, 2004 8:00 am Secretary of State

09-17-2004 90001 005 ****61.25

DOCUMENT # N03000005137

MANÁLAPAN BEACH HOMEOWNERS ASSOCIATION.



Principal Place of Business Mailing Address 54073047 C/O LEONARD RUBIN C/O LEONARD RUBIN 515 N FLAGLER DRIVE 17TH FLOOR 515 N FLAGLER DRIVE 17TH FLOOR WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 2. Principal Place of Business 3. Mailing Address Same CDD avid Martin 1020 S. Ocean Blvd Suite, Apt. #. etc. CR2E037 (10/03) Same City & State City & State 4. FEi Number Applied For Manaka Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired alm Bch Fee Required ___ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUBIN, LEONARD 515 N FLAGLER DRIVE 17TH FLOOR WEST PALM BEACH, FL 33401 lanalapan 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. 9/15/04 SIGNATURE d or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Due by September 8, 2004 П Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE X Delete TITLE Change Addition BRENNAN, DONALD NAME STREET ADDRESS 1600 S OCEAN BLVD STREET ADDRESS CITY-ST-ZIP MANALAPAN, FL 33462 CITY-ST-7IP Delete TITI F ☐ Change ☐ Addition NAVELLIER, WENDY NAME 1440 S OCEAN BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MANALAPAN, FL 33462 CITY-ST-ZIP Delete TITLE Change___ Addition. MARTIN, DAVID 1020 S OCEAN BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MANALAPAN, FL 33462 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

David T. Mortin

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/04

54073047 Dr.# N03000005737

Please forgive the tardiness of this report. Fully intended and had report on desk to send in time. Hurricane Frances prep., mandatory evacuation and resulting damage has unfortunately delayed this being sent in time. Asking please for Grace time. Parid Martin