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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N97000006138 (8)**

1. Corporation Name
NORTH PORT MARKET PLACE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2601 S. BAYSHORE DR. MIAMI FL 33133	2601 S. BAYSHORE DR. MIAMI FL 33133

3. Date Incorporated or Qualified: 10/30/1997

4. FEI Number: 65-0792663 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21: 7237 SW 53 Avenue
22: Suite, Apt. #, etc.
23: City & State: Miami, FL
24: Zip: 33143 25: Country: USA

2a. Mailing Address
26: 7237 SW 53 Avenue
27: Suite, Apt. #, etc.
28: City & State: Miami, FL
29: Zip: 33143 30: Country: USA

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? Property Owners Assoc. ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

SIMON, ERIC A
9050 PINES BLVD., STE. 250
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

81 Name: Christopher J. Mac Nair
82 Street Address (P.O. Box Number is Not Acceptable)
83: 7237 SW 53 Avenue
84 City: Miami FL 85 Zip Code: 33143

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: [signature] CHRISTOPHER J. MACNAIR, PRESIDENT 3/16/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MACNAIR, CHRISTOPHER J		1.2 NAME		
STREET ADDRESS	7237 SW 53RD AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33143		1.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FERTIG, JAY		2.2 NAME		
STREET ADDRESS	2661 EDGEWATER DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	WESTON FL 33332		2.4 CITY-ST-ZIP		
TITLE	DVST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SOFFER, MARSHA		3.2 NAME		
STREET ADDRESS	2875 NE 191 ST., STE. 400		3.3 STREET ADDRESS		
CITY-ST-ZIP	AVENTURA FL 33180		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] CHRISTOPHER J. MACNAIR, PRESIDENT 3/16/98 305-512-8001
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL SIGNING OFFICER OR DIRECTOR Date Daytime Phone #