

FILE NOW: FILING FEE IS \$61.25

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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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

2a. Mailing Address

21 7237 SW 53 Avenue

26 7237 SW 53 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Miami, FL

28 Miami, FL

Zip

Zip

Country

Country

24 33143

25 USA

29 33143

30 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

10. Name and Address of New Registered Agent

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

81 Name

Christopher J. Mac Nair

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

83

7237 SW 53 Avenue

84 City

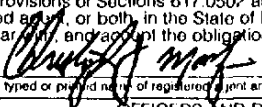
Miami

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

 **CHRISTOPHER J. MACNAIR, PRESIDENT**

3/16/98

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 ☐ DELETE
NAME **DP**
STREET ADDRESS **MACNAIR, CHRISTOPHER J**
CITY-ST-ZIP **7237 SW 53RD AVE.
MIAMI FL 33143**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **DV**
STREET ADDRESS **FERTIG, JAY**
CITY-ST-ZIP **2661 EDGEWATER DR.
WESTON FL 33332**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **DVST**
STREET ADDRESS **SOFFER, MARSHA**
CITY-ST-ZIP **2875 NE 191 ST., STE. 400
AVENTURA FL 33180**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 in an attachment with an address.

SIGNATURE:

 **CHRISTOPHER J. MACNAIR, PRESIDENT**

3/16/98

305-512-8001

CR2E037 (10/97)