


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90323 020 ****61.25

DOCUMENT # 738098	
1. Entity Name BALL PARK PLAZA ASSOCIATION, INC.	

Principal Place of Business 1096 SUNSET STRIP SUNRISE FL 33313	Mailing Address 1096 SUNSET STRIP SUNRISE FL 33313
--	--

2. Principal Place of Business 6491 Sunset Strip	3. Mailing Address 533 SW 10 Ave
Suite, Apt. #, etc. # 5 + 6	Suite, Apt. #, etc.

City & State SUNRISE FL	City & State FT. LAUDERDALE FL
Zip 33313	Zip 33312
Country Broward	Country Broward



1st MOORE CR2E037 (10/04)

4. FEI Number 59-1961397	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent GRIFFITH, W. R. 1096 SUNSET STRIP SUNRISE FL 33313	
7. Name and Address of New Registered Agent Name BARRY FAIRFIELD Street Address (P.O. Box Number is Not Acceptable) 533 SW 10 Ave City FT. LAUDERDALE FL Zip Code 33312	

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	DATE 4/14/05 (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	---	------------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STOKES, NIKKI 6491 SUNSET STRIP, #8 SUNRISE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. DIR. TAMIR ALIMA 6491 SUNSET STRIP #5 SUNRISE FL 33317 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FAIRFIELD, BARRY 533 SW 10TH AVE. FORT LAUDERDALE FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. Pres. DIR. CHANDRA SINGH 6531 SUNSET STRIP UNIT 8 SUNRISE FL 33313 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GRIFFITH, W R 1096 SUNSET STRIP SUNRISE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Pres. DIR. BARRY FAIRFIELD 533 SW 10 Ave FT. LAUDERDALE, FL 33312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEPORE, ANNETTE 6491 SUNSET STRIP #3 SUNRISE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR VALERIE WRIGHT 6491 SUNSET STRIP #7 SUNRISE, FL 33313 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ST. HILAIRE, ARNOLD 6499A SUNSET STRIP SUNRISE FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4/14/05 (954) 767-9390 Date Daytime Phone #
---	---