2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2009
Secretary of State

DOCUMENT# 738098

Entity Name: BALL PARK PLAZA ASSOCIATION, INC.

Current Principal Place of Business:

6499 A SUNSET STRIP #5 & # 6
14
SUNRISE, FL 33313

New Principal Place of Business:

6491 SUNSET STRIP #7
SUNRISE, FL 33313

Current Mailing Address:

533 SW 10TH AVE
FORT LAUDERDALE, FL 33312

New Mailing Address:

6491 SUNSET STRIP
STE 7
SUNRISE, FL 33313

FEI Number: 59-1961397 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FAIRFIELD, BARRY
533 SW 10TH AVE
FORT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PRINGLE, GLENFORD
Address: 5348 NW ALIAM CT
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: DVP ( ) Delete
Name: HILAIRE, ARNOLD
Address: 6499 A # 14 SUNSET STRIP
City-St-Zip: SUNRISE, FL 33313

Title: STD ( ) Delete
Name: FAIRFIELD, BARRY
Address: 533 SW 10TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: D ( ) Delete
Name: WRIGHT, VALRIE
Address: 6491 SUNSET STRIP - 7
City-St-Zip: SUNRISE, FL 33313

Title: D ( ) Delete
Name: ALIMA, TAMIR
Address: 6491 SUNSET STRIP - 5 & 6
City-St-Zip: SUNRISE, FL 33313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: FAIRFIELD, BARRY
Address: 533 SW 10TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: TD (X) Change ( ) Addition
Name: WRIGHT, VALRIE
Address: 6491 SUNSET STRIP - 7
City-St-Zip: SUNRISE, FL 33313

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: VALRIE WRIGHT TD 01/17/2009
Electronic Signature of Signing Officer or Director — Date