

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002570

FILED  
Feb 21, 2007  
Secretary of State

**Entity Name:** B-PLAZA OFFICE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

8050 N. UNIVERSITY DR.  
C/O HOUSE  
FORT LAUDERDALE, FL 33321 US

**New Principal Place of Business:**

**Current Mailing Address:**

8050 N. UNIVERSITY DR.  
C/O HOUSE  
FORT LAUDERDALE, FL 33321 US

**New Mailing Address:**

**FEI Number:** 20-2027901

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SOKOLOFF, BARRY  
8050 N. UNIVERSITT DR #205  
FORT LAUDERDALE, FL 33321 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: P ( ) Delete  
Name: SOKOLOFF, BARRY  
Address: 8050 N. UNIVERSITY DR. C/O HOUSE  
City-St-Zip: FORT LAUDERDALE, FL 33321 US

Title: VP ( ) Delete  
Name: RAMDIN, INDROIVATNE  
Address: 8050 N. UNIVERSITY DR. C.O HOUSE  
City-St-Zip: FORT LAUDERDALE, FL 33321 US

Title: ST ( ) Delete  
Name: MCPHERSON, MARCIA  
Address: 8050 W. UNIVERSITY DR. C/O HOUSE  
City-St-Zip: FORT LAUDERDALE, FL 33321 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: BARRY SOKOLOFF

P

02/21/2007

Electronic Signature of Signing Officer or Director

Date