2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Dec 15, 2009
Secretary of State

DOCUMENT# N03000002570

Entity Name: BITON 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/0 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 N. 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: VP (X) Change ( ) Addition
Name: MULLER, RICHARD
Address: 8050 N. UNIVERSITY DR. C.O HOUSE
City-St-Zip: FORT LAUDERDALE, FL 33321 US

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: BARRY SOKOLOFF PRES 12/15/2009

Electronic Signature of Signing Officer or Director — Date