

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

FILED
May 27, 2005 8:00 am
Secretary of State

04-25-2005 90225 045 ****61.25

DOCUMENT # N03000009551 1. Entity Name MCNAB PLAZA ASSOCIATION, INC.					
Principal Place of Business C/O RICHARD ELIE OR STEVE SMILACK 712 E. MCNAB ROAD POMPANO BEACH FL 33060			Mailing Address C/O RICHARD ELIE OR STEVE SMILACK 712 E. MCNAB ROAD POMPANO BEACH FL 33060		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ELIE, RICHARD 712 E. MCNAB ROAD POMPANO BEACH FL 33060			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____					
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	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELIE, RICHARD G		NAME		
STREET ADDRESS	712 E. MCNAB ROAD		STREET ADDRESS		
CITY - ST - ZIP	POMPANO BEACH FL 33060		CITY - ST - ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FORTUNA, EILEEN		NAME		
STREET ADDRESS	718 E. MCNAB ROAD		STREET ADDRESS		
CITY - ST - ZIP	POMPANO BEACH FL 33060		CITY - ST - ZIP		
TITLE	T <input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, JOBY		NAME	CHRISTINE DELL	
STREET ADDRESS	722 E. MCNAB ROAD		STREET ADDRESS	716 E. MCNAB RD.	
CITY - ST - ZIP	POMPANO BEACH FL 33060		CITY - ST - ZIP	POMPANO BEACH, FL 33060	
TITLE	S <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DELL, CHRISTINE		NAME	ERIC ZECOA	
STREET ADDRESS	716 E. MCNAB ROAD		STREET ADDRESS	722 E. MCNAB RD.	
CITY - ST - ZIP	POMPANO BEACH FL 33060		CITY - ST - ZIP	POMPANO BEACH, FL 33060	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____			Date: _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # 954-295-4270		



ATTACHMENT

66019682

#N0300000955

copy

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003205.140562.0012.001 1 MB 0.309 705

Date of this notice: 05-21-2004

Employer Identification Number:
20-1090670

Form: SS-4

Number of this notice: CP 575 E

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

MCNAB PLAZA ASSOCIATION INC
% RICHARD ELIE
712 E MCNAB RD
POMPANO BEACH FL 33060



03205

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 20-1090670. This EIN will identify your business account, tax returns, and documents even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label IRS provided. If that isn't possible, you should use your EIN and complete name and address shown above on all federal tax forms, payments and related correspondence. If this information isn't correct, please correct it using the tear off stub from this notice. Return it to us so we can correct your account. If you use any variation of your name or EIN, it may cause a delay in processing and may result in incorrect information in your account. It also could cause you to be assigned more than one EIN.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records.
- * Use this EIN and your name exactly as they appear above on all your federal tax forms.
- * Refer to this EIN on your tax related correspondence and documents.

Thank you for your cooperation.