2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2008
Secretary of State

DOCUMENT# N03000009551

Entity Name: MCNAB PLAZA ASSOCIATION, INC.

Current Principal Place of Business:

C/O RICHARD ELIE OR STEVE SMILACK
712 E. MCNAB ROAD
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

C/O RICHARD ELIE OR STEVE SMILACK
712 E. MCNAB ROAD
POMPANO BEACH, FL 33060

New Mailing Address:

FEI Number: 20-1090670 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELIE, RICHARD
712 E. MCNAB ROAD
POMPANO BEACH, FL 33060 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: ELIE, RICHARD G
Address: 712 E. MCNAB ROAD
City-St-Zip: POMPANO BEACH, FL 33060

Title: VP ( ) Delete
Name: FORTUNA, EILEEN
Address: 718 E. MCNAB ROAD
City-St-Zip: POMPANO BEACH, FL 33060

Title: T ( ) Delete
Name: DELL, CHRISTINE
Address: 716 E. MCNAB ROAD
City-St-Zip: POMPANO BEACH, FL 33060

Title: S (X) Delete
Name: ZKCOA, ERIC
Address: 722 E. MCNAB ROAD
City-St-Zip: POMPANO BEACH, FL 33060

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:

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: CHRISTINE DELL T 01/13/2008
Electronic Signature of Signing Officer or Director — Date