

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009551

FILED  
Apr 30, 2009  
Secretary of State

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: POMPAN0 BEACH, FL 33060

Title: VP ( ) Delete  
Name: FORTUNA, EILEEN  
Address: 718 E. MCNAB ROAD  
City-St-Zip: POMPAN0 BEACH, FL 33060

Title: T ( ) Delete  
Name: DELL, CHRISTINE  
Address: 716 E. MCNAB ROAD  
City-St-Zip: POMPAN0 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:

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

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date