

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90409 025 \*\*\*\*61.25

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|---|--|---|---|--|--|
| <b>DOCUMENT # N05000003699</b>  |  |   |   |  |  |
| <b>1. Entity Name</b><br>NORTH PORT MARKET PLACE PHASE II ASSOCIATION, INC.   |  |   |   |  |  |
| <b>Principal Place of Business</b><br>% BAYSHORE LAND GROUP, INC.<br>225 ALHAMBRA CIR - STE 325<br>CORAL GABLES, FL 33134   |  |   | <b>Mailing Address</b><br>% BAYSHORE LAND GROUP, INC.<br>225 ALHAMBRA CIR - STE 325<br>CORAL GABLES, FL 33134 |  |  |
| <b>2. Principal Place of Business</b><br>255 Alhambra Circle<br>Suite, Apt. #, etc. <u>Suite 325</u><br>City & State <u>Coral Gables, FL</u><br>Zip <u>33134</u> Country <u>USA</u>   |  | <b>3. Mailing Address</b><br>255 Alhambra Circle<br>Suite, Apt. #, etc. <u>Suite 325</u><br>City & State <u>Coral Gables, FL</u><br>Zip <u>33134</u> Country <u>USA</u> |   | 04192006 Chg-NP CR2E037 (11/05)  |  |
| <b>4. FEI Number</b><br>56-2577868  |  |   |   | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable   |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |   |   | <b>6. Name and Address of Current Registered Agent</b><br>MACNAIR, CHRISTOPHER J<br>% BAYSHORE LAND GROUP, INC.<br>225 ALHAMBRA CIR - STE 325<br>CORAL GABLES, FL 33134  |  |
| <b>7. Name and Address of New Registered Agent</b><br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>255 Alhambra Circle # 325<br>City <u>Coral Gables</u> State <u>FL</u> Zip Code <u>33134</u>   |  |   |   | <b>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.</b> |  |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |   |   |  |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2006</b>   |  | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |   | <b>Make check payable to Florida Department of State</b>   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>MACNAIR, CHRISTOPHER J<br>255 ALHAMBRA CIR - STE 325<br>CORAL GABLES, FL 33134 | <input type="checkbox"/> Delete   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VPD<br>FERTIG, JAY<br>255 ALHAMBRA CIR - STE 325<br>CORAL GABLES, FL 33134           | <input type="checkbox"/> Delete   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VPST<br>KOBERT, ILENE<br>255 ALHAMBRA CIR - STE 325<br>CORAL GABLES, FL 33134        | <input checked="" type="checkbox"/> Delete <i>OK</i>  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>KOBERT, ILENE<br>255 ALHAMBRA CIR - STE 325<br>CORAL GABLES, FL 33134           | <input type="checkbox"/> Delete   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete   |   |  |  |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b> |  |   |   |  |  |
| <b>SIGNATURE:</b> <i>Christopher J MacNair Pres.</i>  |  |   | 4/28/06 305-445-6161  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |   | Date Daytime Phone #  |  |  |