

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004091

FILED  
Jan 05, 2011  
Secretary of State

**Entity Name:** MCNAB BUSINESS PARK OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

6725 NW 16TH TERRACE  
FT LAUDERDALE, FL 33309 US

**New Principal Place of Business:**

**Current Mailing Address:**

6725 NW 16TH TERRACE  
FT LAUDERDALE, FL 33309 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LEVINE, SHELDON R  
6725 NW 16TH TERRACE  
FT LAUDERDALE, FL 33309 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  
Name: LEVINE, SHELDON R  
Address: 6725 N W 16TH TERRACE  
City-St-Zip: FT LAUDERDALE, FL 33309 US

Title: S  
Name: MORRISON, LISA M  
Address: 6725 N.W. 16TH TER  
City-St-Zip: FT LAUDERDALE, FL 33309 US

I hereby 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 all other like empowered.

**SIGNATURE:** SHELDON LEVINE

PRES

01/05/2011

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

\_\_\_\_\_  
Date