2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006138

FILED Apr 15, 2009 Secretary of State

Entity Name: NORTH PORT MARKET PLACE ASSOCIATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

C/O BAYSHORE LAND GROUP, INC. 255 ALHAMBRA CIR. STE. 325 CORAL GABLES, FL 33134

C/O BAYSHORE LAND GROUP, INC. 13680 NW 5TH STREET, SUITÉ 100 SUNRISE, FL 33325

New Mailing Address:

C/O BAYSHORE LAND GROUP, INC. 255 ALHAMBRA CIR. STE. 325 CORAL GABLES, FL 33134

C/O BAYSHORE LAND GROUP, INC. 13680 NW 5TH STREET, SUITÉ 100

SUNRISE, FL 33325

FEI Number: 65-0792663

Current Mailing Address:

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MACNAIR, CHRISTOPHER J C/O BAYSHORE LAND GROUP, INC. 255 ALHAMBRA CIR. STE. 325 CORAL GABLES, FL US US

MACNAIR, CHRISTOPHER J C/O BAYSHORE LAND GROUP, INC. 13680 NW 5TH STREET, SUITE 100 SUNRISE, FL 33325 US

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:

City-St-Zip:

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

() Delete MACNAIR, CHRISTOPHER J Name: 255 ALHAMBRA CIR.STE. 325 Address:

City-St-Zip: CORAL GABLES, FL 33134

Title: () Delete

FERTIG, JAY Name: Address: 255 ALHAMBRA CIR, STE, 325 City-St-Zip: CORAL GABLES, FL 33134

Title: DVST () Delete SOFFER, MARSHA Name: 2875 NE 191 ST., STE. 400 Address:

AVENTURA, FL 33180

SUNRISE, FL 33325 City-St-Zip: Title:

DV (X) Change () Addition

13680 NW 5TH STREET, SUITE 100

MACNAIR, CHRISTOPHER J

Name: FERTIG, JAY

Address: 13680 NW 5TH STREET, SUITE 100

City-St-Zip: SUNRISE, FL 33325

Title: () Change () Addition

Name: Address: City-St-Zip:

Name:

Address:

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: CHRISTOPHER J. MACNAIR RΑ

04/15/2009

Date