

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000005241

**Entity Name:** JACKSON PLAZA, INC.

**Current Principal Place of Business:**

1800 NE 168 STREET  
SUITE 200  
NORTH MIAMI BEACH, FL 33162

**Current Mailing Address:**

1800 NE 168 STREET  
SUITE 200  
NORTH MIAMI BEACH, FL 33162

**FEI Number:** 65-1040926

**Certificate of Status Desired:** Yes

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

LOWY, RONALD S.  
LOWY AND COOK, P.A.  
501 NE 1ST AVENUE SUITE 200  
MIAMI, FL 33132 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:** RONALD S. LOWY

**04/16/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name LOWY, RONALD S.  
Address 1800 NE 168 STREET, SUITE 200  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title DIRECTOR  
Name ROZSANSKY, BEN  
Address 1800 NE 168 STREET, SUITE 200  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title TREASURER  
Name WASSERMAN, MARTY  
Address 1800 NE 168 STREET, SUITE 200  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title SECRETARY  
Name BRENT, JOAN  
Address 1800 NE 168 STREET, SUITE 200  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title ASST. SECRETARY  
Name ECK, WILLIAM  
Address 1800 NE 168 STREET, SUITE 200  
City-State-Zip: NORTH MIAMI BEACH FL 33162

*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:** RONALD S. LOWY

**CHAIRMAN**

**04/16/2015**

Electronic Signature of Signing Officer/Director Detail

Date