

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000000414

**Entity Name:** POLICE ATHLETIC LEAGUE OF DAVIE, INC.**Current Principal Place of Business:**4300 SW 57 TERR  
DAVIE, FL 33314**Current Mailing Address:**4300 SW 57 TERR  
DAVIE, FL 33314**FEI Number:** 65-0716849**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LYNN, PATRICK  
4300 SW 57 TERRACE  
DAVIE, FL 33314 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	P
Name	CUNEO, EDWARD
Address	4300 SW 57 TERRACE
City-State-Zip:	DAVIE FL 33314

Title	VP
Name	THEMIS, MAUREEN
Address	4300 SW 57 TERRACE
City-State-Zip:	DAVIE FL 33314

Title	T
Name	HAM, AMY
Address	1230 S. NOB HILL RD
City-State-Zip:	DAVIE FL 33325

Title	S
Name	HAMM, AMY
Address	4300 SW 57 TERRACE
City-State-Zip:	DAVIE FL 33314

Title	D
Name	ALBURY, TIM
Address	4300 SW 57 TERRACE
City-State-Zip:	DAVIE FL 33314

Title	ED
Name	LYNN, PATRICK
Address	1230 S. NOB HILL RD
City-State-Zip:	DAVIE FL 33323

*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: TIMOTHY ALBURY****DIRECTOR****01/12/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date