

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90328 021 \*\*\*\*61.25

**DOCUMENT # N01000007592**

1. Entity Name  
**CITIZENS' PUBLIC SAFETY ADVISORY COMMITTEE OF  
SUNNY ISLES BEACH, INC.**



Principal Place of Business  
**17070 COLLINS AVE., SUITE 250  
SUNNY ISLES BCH, FL 33160  
16701 COLLINS AVE  
SUITE 219**

Mailing Address  
**17070 COLLINS AVE., SUITE 250  
SUNNY ISLES BCH, FL 33160  
1604 SE 2ND CT.  
FT. LAUDERDALE FL 33301**

**50039630**



01032005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1153004**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**LESNICK, STEVEN  
1604 SE 2ND CT.  
FORT LAUDERDALE, FL 33301**

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **-\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	LESNICK, STEVEN
STREET ADDRESS	1604 SE 2ND CT
CITY-ST-ZIP	FT LAUDERDALE, FL 33301
TITLE	D
NAME	FEISTHAMEL, JOSEPH
STREET ADDRESS	17070 COLLINS AVE., SUITE 250 16701 COLLINS AVE
CITY-ST-ZIP	SUNNY ISLES BCH, FL 33160 SUITE 219
TITLE	D
NAME	LONE, WILLIAM SR.
STREET ADDRESS	17070 COLLINS AVE., SUITE 250 16701 COLLINS AVE
CITY-ST-ZIP	SUNNY ISLES BCH, FL 33160 SUITE 219
TITLE	D
NAME	NOE, BARRY
STREET ADDRESS	17070 COLLINS AVE., SUITE 250 16701 COLLINS AVE
CITY-ST-ZIP	SUNNY ISLES BCH, FL 33160 SUITE 219
TITLE	D
NAME	IRVING DIAMOND
STREET ADDRESS	251-874 ST Sunny Isles Beach FL 33160
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/05 9546874536  
Date Daytime Phone #