

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90173 031 ****61.25

DOCUMENT # N01000007592

1. Entity Name

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



Principal Place of Business

16701 COLLINS AVE
STE 219
SUNNY ISLES BCH FL 33160

Mailing Address

1604 SE 2ND CT
FORT LAUDERDALE FL 33301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME LESNICK, STEVEN
STREET ADDRESS 1604 SE 2ND CT
CITY-ST-ZIP FT LAUDERDALE FL 33301

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME FEISTHAMEL, JOSEPH
STREET ADDRESS 16701 COLLINS AVE STE 219
CITY-ST-ZIP SUNNY ISLES BCH FL 33160

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LONE, WILLIAM SR.
STREET ADDRESS 16701 COLLINS AVE STE 219
CITY-ST-ZIP SUNNY ISLES BCH FL 33160

TITLE ☒ Change ☐ Addition
NAME *IRVING DIAMOND*
STREET ADDRESS *251-174ST.*
CITY-ST-ZIP *SUNNY ISLES BEACH FL 33160*

TITLE D ☐ Delete
NAME NOE, BARRY
STREET ADDRESS 16701 COLLINS AVE STE 219
CITY-ST-ZIP SUNNY ISLES BCH FL 33160

TITLE ☒ Change ☐ Addition
NAME *IRVING DIAMOND*
STREET ADDRESS *251-174ST.*
CITY-ST-ZIP *SUNNY ISLES BEACH FL 33160*

TITLE D ☐ Delete
NAME DIAMOND, IRVING
STREET ADDRESS 251-174ST
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Steven Lesnick

4/14/06