

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002421

FILED  
Apr 12, 2005  
Secretary of State

**Entity Name:** CITY OF SUNRISE FRATERNAL ORDER OF POLICE LODGE 80 ASSOCIATES, INC.

**Current Principal Place of Business:**

POST OFFICE BOX 450581  
SUNRISE, FL 333450581

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 450581  
SUNRISE, FL 333450581

**New Mailing Address:**

**FEI Number:** 46-0473075      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

LOOS, VIRGINIA M  
11700 NW 39 PLACE  
SUNRISE, FL 33323      US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: LOOS, VIRGINIA M  
Address: 11700 NW 39 PLACE  
City-St-Zip: SUNRISE, FL 33323

Title: VD      ( ) Delete  
Name: RIZZO, JOHN  
Address: 9721 NW 33 STREET  
City-St-Zip: SUNRISE, FL 33351

Title: SD      ( ) Delete  
Name: CERVINI, ROSALIND  
Address: 4280 GALT OCEAN DRIVE, #18C  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: TD      ( ) Delete  
Name: MINK, PAUL T  
Address: 2077 MONTPELIAR  
City-St-Zip: WESTON, FL 33326

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD      (X) Change ( ) Addition  
Name: RIZZO, JOHN  
Address: 11820 57TH ROAD N.  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: SD      (X) Change ( ) Addition  
Name: BOMAN, MICHELE  
Address: 2929 NW 99TH TERRACE  
City-St-Zip: SUNRISE, FL 33322

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: VIRGINIA M. LOOS

PRES

04/12/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date