

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 23, 2008  
Secretary of State**

DOCUMENT# N02000002421

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:**

14150 NW 8TH ST.  
SUNRISE, FL 33325

**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:**

RIZZO, JOHN  
11820 57TH ROAD N  
ROYAL PALM BEACH, FL 33411      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: SD      ( ) Delete  
Name: BOMAN, MICHELE  
Address: 2929 NW 99TH TERRACE  
City-St-Zip: SUNRISE, FL 33322

Title: T      ( ) Delete  
Name: MAZZELLA, JOSEPH  
Address: 1600 NW 115TH TERR  
City-St-Zip: PLANTATION, FL 33323

Title: P      ( ) Delete  
Name: RIZZO, JOHN  
Address: 11820 57TH ROAD N  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: VP      ( ) Delete  
Name: VARGAS, LUIS  
Address: 6200 SW 38 COURT  
City-St-Zip: DAVIE, FL 33314

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

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

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

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

Title: SA      ( ) Change (X) Addition  
Name: SMITH, RICK  
Address: 5120 NW 81 TER.  
City-St-Zip: LAUDERHILL, FL 33351

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: J. MAZZELLA

TRES

01/23/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date