

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000000983

1. Entity Name
THE AMERICAN LEGION OF MIAMI BEACH, POST 85,
INC.



Principal Place of Business
949 PENNSYLVANIA
APT 206
MIAMI BEACH, FL 33139-5422

Mailing Address
949 PENNSYLVANIA
APT 206
MIAMI BEACH, FL 33139-5422

FILED
Mar 17, 2008 08:00 A
Secretary of State



03122008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
20-0565285

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FELDMAN, SAM
1020 MERIDIAN AVE
#901
MIAMI BEACH, FL 33139

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
DONELIN, JIM
949 PENNSYLVANIA, APT. 206
MIAMI BEACH, FL 331395422

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
PATLAK, DAVID Y
321 COLLINS AVE #1
MIAMI BEACH, FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
WASHKO, CHARLES
953 COLLINS AVE APT 209
MIAMI BEACH, FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
REIS, HARRY
100 BAYVIEW DR., APT. 1511
SUNNY ISLES BEACH, FL 33160

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LUCK, LOUIS
20757 N.W. 9TH CT., APT. 208
NORTH MIAMI, FL 33169

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SIMON, MICHAEL
5570 LA GORCE DR.
MIAMI BEACH, FL 33140

U000000860781
04/02/08-80069-008 61.25

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IN THIS SPACE**

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

David Y. Patlak

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/2008 305-519-4412

Date

Daytime Phone #