

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90345 001 \*\*\*183.75

**DOCUMENT # N04000008299**

1. Entity Name  
**POLICE ATHLETIC LEAGUE OF HALLANDALE BEACH,  
INC.**



Principal Place of Business  
**400 S. FEDERAL HWY  
HALLANDALE, BEACH, FL 33009**

Mailing Address  
**400 S. FEDERAL HWY  
HALLANDALE, BEACH, FL 33009**

**66009876**



02122007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**42-1644205**

Applied For  
Not Applicable

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

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

**MAGILL, THOMAS A CHIEF  
400 S. FEDERAL HWY  
HALLANDALE BEACH, FL 33009**

**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, 2007**

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  
**P  
ADKINS, DANIEL SR  
831 N. FEDERAL HIGHWAY  
HALLANDALE BEACH, FL 33009**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
GREENBERGER, STEPHEN SR  
4101 N. 48TH AVE  
HOLLYWOOD, FL 33021**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
PERLMAN, BOB  
2017 SOUTH OCEAN DR  
HALLANDALE BEACH, FL 33009**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
FISHER, STACEY S  
640 SW 7TH COURT  
HALLANDALE BEACH, FL 33009**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
LADOLCETTA, PATRICIA  
400 S FEDERAL HWY.  
HALLANDALE BEACH, FL 33009**

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 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:** *Patricia M. Ladolcetta*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/16/07*  
Date

*954-457-1371*  
Daytime Phone #