

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

**FILED**  
**Jan 22, 2008 08:00 A**  
**Secretary of State**

**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**



01172008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>42-1644205</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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, 2008**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	ADKINS, DANIEL SR
STREET ADDRESS	831 N. FEDERAL HIGHWAY
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009

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

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

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

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000791193  
01/23/08-80065-006 61.25

**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

1-18-08  
Date

954-457-1371  
Daytime Phone #