

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

**FILED**  
**Sep 02, 2008 8:00 am**  
**Secretary of State**

09-02-2008 90030 010 \*\*\*\*70.00



**DOCUMENT # N05000007446**  
 1. Entity Name  
**NORTH BAY VILLAGE POLICE ATHLETIC / ACTIVITIES LEAGUE, INC.**

Principal Place of Business      Mailing Address  
**DETECTIVE LISA GITTNER**      **DETECTIVE LISA GITTNER**  
**7903 EAST DRIVE**                  **P.O. BOX 41-6061**  
**NORTH BAY VILLAGE, FL 33141**      **MAIMI BEACH, FL 33141**

401113072



08282008 No Chg-NP      CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>74-3152398</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
**GITTNER, LISA E-DIRECTI**  
**7903 EAST DRIVE**  
**NORTH BAY VILLAGE, FL 33141**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by September 12, 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	VP ROMER, CINDY P.O. BOX 41-6061 MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXD GITTNER, LISA P.O. BOX 41-6061 MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GITTNER, CORY P.O. BOX 41-6061 MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RODRIGUEZ, MARLENE P.O. BOX 41-6061 MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KRUCZEK, BYRON 7601 EAST TREASURE DR #422 NORTH BAY VILLAGE, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BABANI, OLGA P.O. BOX 41-6061 MIAMI BEACH, FL 33141

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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:** *[Handwritten Signature]*      **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
 Date: **8/28/08**      Daytime Phone #: **(786) 457-7317**