

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2006 8:00 am**  
**Secretary of State**

01-19-2006 90069 011 \*\*\*\*61.25

**DOCUMENT # N41936**

1. Entity Name  
**FRATERNAL ORDER OF POLICE ASSOCIATES LODGE  
NO. 100, INC.**



Principal Place of Business  
**8550 NW 17TH ST  
FORT LAUDERDALE, FL 33322 US**

Mailing Address  
**8550 NW 17TH ST  
FORT LAUDERDALE, FL 33322 US**



01102006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0166990**

Applied For  
Not Applicable

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

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

**OLFERN, LILY A  
8550 N.W. 17TH ST  
FORT LAUDERDALE, FL 33322**

**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, 2006**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	WALDFOGEL, SIDNEY
STREET ADDRESS	7401 ORANGE DR.
CITY-ST-ZIP	DAVIE, FL
TITLE	PD
NAME	OLFERN, LILY A
STREET ADDRESS	8550 NW 17TH ST
CITY-ST-ZIP	FORT LAUDERDALE, FL 33322
TITLE	D
NAME	TOPAL, MITZIR
STREET ADDRESS	12720 SW 13TH MANOR
CITY-ST-ZIP	DAVIE, FL 33325
TITLE	T
NAME	KULATZ, CONRAD S
STREET ADDRESS	633 S.E. 3 AVE SUITE 4R
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	VP
NAME	KAPLAN, EDWARD
STREET ADDRESS	551 AUBURN WAY
CITY-ST-ZIP	DAVIE, FL 33325
TITLE	S
NAME	SZLAVER, LONIS
STREET ADDRESS	2100 S. OCEAN DR 1K
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

**CONRAD KULATZ, TREAS 1-10-06 (65M)**  
**475-9310**