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Jun 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N92000000826 (9)**

1. Corporation Name

FRATERNAL ORDER OF POLICE ASSOCIATES, CORAL SPRINGS LODGE #87A, INC.

Principal Place of Business

Mailing Address

P.O. BOX 326
CORAL SPRINGS FL 33077-0326

P.O. BOX 326
CORAL SPRINGS FL 33077-0326

3. Date Incorporated or Qualified

12/17/1992

4. FEI Number

65-0380022

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIFFERMANN, KAREN
3151 N.W. 98 AVE.
SUNRISE FL 33351

81 Name

BIONDO, JOE

82 Street Address (P.O. Box Number is Not Acceptable)

8476 SHADOW CT

83

84 City

CORAL SPRINGS

FL

85 Zip Code

33071

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

4/25/98

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

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	LATERZA, LYNN MARIE	
STREET ADDRESS	755 RIVERSIDE DR., #1323	
CITY-ST-ZIP	CORAL SPRINGS FL	

TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	SIFFERMANN, ROBERT	
STREET ADDRESS	3151 N.W. 98 AVE.	
CITY-ST-ZIP	SUNRISE FL	

TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	SIFFERMANN, KAREN	
STREET ADDRESS	3151 N.W. 98 AVE.	
CITY-ST-ZIP	SUNRISE FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BIONDO, JOE	
1.3 STREET ADDRESS	8476 SHADOW CT	
1.4 CITY-ST-ZIP	CORAL SPRINGS FL 33071	

2.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BIONDO, SHARYN	
2.3 STREET ADDRESS	8476 SHADOW CT	
2.4 CITY-ST-ZIP	CORAL SPRINGS FL 33071	

3.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MARC ROSENKY	
3.3 STREET ADDRESS	1893 NW 97 TER	
3.4 CITY-ST-ZIP	CORAL SPRINGS FL 33071	

4.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LEONARD SLIDER	
4.3 STREET ADDRESS	9005 NW 25 CT	
4.4 CITY-ST-ZIP	CORAL SPRINGS FL 33065	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

[Signature] **JOE BIONDO**

4/25/98

(954) 783-9002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone # 0081187

CR2E037 (10/97)