

FILE NOW: FILING FEE IS \$61.25

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Apr 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000003658 (2)**

1. Corporation Name

**NORTH MIAMI BEACH POLICE OFFICERS ASSOCIATION, INC.**



Principal Place of Business <b>17050 NE 19 AVE. NORTH MIAMI BEACH FL 33162 US</b>	Mailing Address <b>17050 NE 19 AVE. NORTH MIAMI BEACH FL 33162 US</b>
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3. Date Incorporated or Qualified <b>08/09/1993</b>	
4. FEI Number <b>65-0402410</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21 16901 NE 19 AVE</b> Suite, Apt. #, etc.	2a. Mailing Address <b>25 2960 Aventura Blvd</b> Suite, Apt. #, etc.
23 City & State <b>N. Miami Beach, FL</b>	27 City & State <b>Aventura FL</b>
24 Zip <b>33162</b>	29 Zip <b>33180</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>FOGELGREN, DEIDRE 17050 NE 19 AVE N. MIAMI BEACH FL 33162</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>2960 Aventura Blvd</b>
83	
84 City	<b>Aventura</b>
85 State	<b>FL</b>
86 Zip Code	<b>33180</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	CLARK, MAHER	1.2 NAME	Richard Silberman
STREET ADDRESS	16901 NE 19TH AVE	1.3 STREET ADDRESS	16901 NE 19 AVE
CITY-ST-ZIP	N MIAMI BCH FL	1.4 CITY-ST-ZIP	N. MIAMI BCH, FL 33162
TITLE	VPD	2.1 TITLE	VPD
NAME	QUARTIANO, THOOMS	2.2 NAME	STEPHEN DEMANSKY
STREET ADDRESS	16901 NE 19TH AVE	2.3 STREET ADDRESS	16901 NE 19 AVE
CITY-ST-ZIP	N MIAMI BC	2.4 CITY-ST-ZIP	N. MIAMI BCH, FL 33162
TITLE	SD	3.1 TITLE	
NAME	GOMER, LARRY	3.2 NAME	
STREET ADDRESS	16901 NE 19 AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	TRES
NAME	FOGELGREN, DEIDRE A	4.2 NAME	Fogelgren, DEIDRE
STREET ADDRESS	17050 NE 19 AVE	4.3 STREET ADDRESS	2960 Aventura Blvd
CITY-ST-ZIP	N MIAMI BCH FL 33162	4.4 CITY-ST-ZIP	Aventura, FL 33180
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Deidre A Fogelgren D. Fogelgren 4/7/98 305 466 8977