

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003658

FILED
Apr 28, 2005
Secretary of State

Entity Name: NORTH MIAMI BEACH POLICE OFFICERS ASSOCIATION, INC.

Current Principal Place of Business:

19200 W COUNTRY CLUB DR
MIAMI, FL 33180 US

New Principal Place of Business:

Current Mailing Address:

19200 W COUNTRY CLUB DR
AVENTURA, FL 33180 US

New Mailing Address:

FEI Number: 65-0402410

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOGELGREN, DEIDRE
19200 W. COUNTRY CLUB DR
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SILBERMAN, RICHARD
Address: 16901 NE 19TH AVE
City-St-Zip: N MIAMI BCH, FL 33162

Title: VPD () Delete
Name: MAUER, MICHAEL
Address: 19200 W COUNTRY CLUB DR
City-St-Zip: AVENTURA, FL 33180

Title: SD () Delete
Name: GOMER, LARRY
Address: 16901 NE 19 AVE
City-St-Zip: N MIAMI BCH, FL

Title: TRES () Delete
Name: FOGELGREN, DEIDRE A
Address: 19200 W COUNTRY CLUB DR
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEIDRE A FOGELGREN

TRES

04/28/2005

Electronic Signature of Signing Officer or Director

Date