2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000003658

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

Principal Place of Business	Mailing Address
19200 W COUNTRY CLUB DR MIAMI, FL 33180 US	19200 W COUNTRY CLUB DR AVENTURA, FL 33180 US

03092006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
65-0402410
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 May 1, 2006

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

000000465982
03/22/06-80057-011 61.25

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	SILBERMAN, RICHARD
STREET ADDRESS	16901 NE 19TH AVE
CITY-ST-ZIP	N MIAMI BCH, FL 33162
TITLE	VPD
NAME	MAUER, MICHAEL
STREET ADDRESS	19200 W COUNTRY CLUB DR
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	SD
NAME	GOMER, LARRY
STREET ADDRESS	16901 NE 19 AVE
CITY-ST-ZIP	N MIAMI BCH, FL
TITLE	TRES
NAME	FOGELGREN, DEIDRE A
STREET ADDRESS	19200 W COUNTRY CLUB DR
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Deidre Fogelgren 3-9-06 305 466 8977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Deidre Fogelgren