

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002119 (4)

1. Corporation Name

CITY OF NEW YORK POLICE OFFICERS ASSOCIATION, IN
C.



Principal Place of Business

Mailing Address

3817 BISCAYNE DRIVE
WINTER SPRINGS FL 32708

3817 BISCAYNE DRIVE
WINTER SPRINGS FL 32708

3. Date Incorporated or Qualified
05/03/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3313833

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24

Zip

Country

29

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME P
STREET ADDRESS RUIZ, LOUIE A JR
CITY-ST-ZIP 3817 BISCAYNE DRIVE
WINTER SPRINGS FL 32708

1.1 TITLE V
1.2 NAME WALTER PEREZ
1.3 STREET ADDRESS 633 KISSIMMEE PLACE
1.4 CITY-ST-ZIP WINTER SPRINGS FL. 32708
☐ Change ☒ Addition

TITLE ☐ DELETE
NAME T
STREET ADDRESS ANTONIO ROSADO
CITY-ST-ZIP 7735 RIVANA DRIVE
ORLANDO, FL. 32822

2.1 TITLE S
2.2 NAME ROBERT GALL
2.3 STREET ADDRESS 1340 QUEEN ELAINE DRIVE
2.4 CITY-ST-ZIP CASSELBERRY, FL. 32707
☐ Change ☒ Addition

TITLE ☐ DELETE
NAME T
STREET ADDRESS ROCCO BELLANTONI
CITY-ST-ZIP 2469 HUNTINGDALE LANE
OVIEDO, FL. 32765

3.1 TITLE T
3.2 NAME ARNIE AMOROS
3.3 STREET ADDRESS 2426 HUNTINGDALE LANE
3.4 CITY-ST-ZIP WINTER SPRINGS FL. 32765
☐ Change ☐ Addition

TITLE ☐ DELETE
NAME T
STREET ADDRESS WINSTON DUNLOP
CITY-ST-ZIP 1663 THORNHILL CIRCLE
OVIEDO, FL. 32765

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96 (407) 649-6726

Date

Daytime Phone #

CR2E037 (12/95)