

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 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 # **N96000000819 (0)**

1. Corporation Name

**THE POLICE ATHLETIC LEAGUE OF PEMBROKE PINES, IN C.**

Principal Place of Business

Mailing Address

**9500 PINES BOULEVARD  
PEMBROKE PINES FL 33024**

**9500 PINES BOULEVARD  
PEMBROKE PINES FL 33024**



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 <b>8362 Pines Boulevard</b>
22 City & State	27 <b>Suite #271</b>
23 Zip	28 <b>Pembroke Pines, Fl.</b>
24 Country	29 <b>33024</b>
25	30 <b>Broward</b>

3. Date Incorporated or Qualified

**02/12/1996**

4. FEI Number

**65-0701409**

Applied For

Not Applicable

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

**RUBIN, LEONARD G  
3099 EAST COMMERCIAL BLVD.  
SUITE 200  
FORT LAUDERDALE FL 33308**

81 Name

**Lichtman, Peter**

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

**3099 East Commercial Blvd.**

83

**Suite 200**

84 City

**Fort Lauderdale**

**FL**

85 Zip Code  
**33308**

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

*Peter Lichtman*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/28/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FEKETE, ALEX</b>	1.2 NAME	
STREET ADDRESS	<b>10100 PINES BLVD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33026</b>	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAROONE, MIKE</b>	2.2 NAME	
STREET ADDRESS	<b>8600 PINES BLVD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33024</b>	2.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CERDA, GIL</b>	3.2 NAME	
STREET ADDRESS	<b>P.O. BOX 820237 N/A</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SO. FLORIDA FL 33082-0237</b>	3.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAIMONDI, RAY</b>	4.2 NAME	
STREET ADDRESS	<b>9500 PINES BLVD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33024</b>	4.4 CITY-ST-ZIP	
TITLE	DM <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAHINSKY, MARTIN</b>	5.2 NAME	
STREET ADDRESS	<b>9500 PINES BLVD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33024</b>	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUCKNAM, WILLIAM</b>	6.2 NAME	
STREET ADDRESS	<b>9500 PINES BLVD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33024</b>	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:

*Ray Raimondi*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

**01-28-98 (954) 431-2245**  
Daytime Phone #

CR2E037 (10/97)