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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000000819

1. Corporation Name

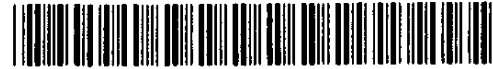
**THE POLICE ATHLETIC LEAGUE OF PEMBROKE PINES, IN
C.**

Principal Place of Business

9500 PINES BOULEVARD
PEMBROKE PINES FL 33024

Mailing Address

8362 PINES BLVD
STE 271
PEMBROKE PINES FL 33024
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

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

9. Name and Address of Current Registered Agent

LIGHTMAN, PETER
3099 EAST COMMERCIAL BLVD
200
FORT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name **Williams, Stacy**
82 Street Address (P.O. Box Number is Not Acceptable)
3019 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

[Signature]

4-30-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **FEKETE, ALEX**
STREET ADDRESS **10100 PINES BLVD**
CITY-ST-ZIP **PEMBROKE PINES FL 33026**

TITLE **DV** ☐ DELETE
NAME **MAROONE, MIKE**
STREET ADDRESS **8600 PINES BLVD**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE **DS** ☐ DELETE
NAME **CERDA, GIL**
STREET ADDRESS **P.O. BOX 820237 N/A**
CITY-ST-ZIP **SO. FLORIDA FL 33082-0237**

TITLE **DT** ☐ DELETE
NAME **RAIMONDI, RAY**
STREET ADDRESS **9500 PINES BLVD**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE **DM** ☐ DELETE
NAME **RAHINSKY, MARTIN**
STREET ADDRESS **9500 PINES BLVD**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE **D** ☐ DELETE
NAME **BUCKNAM, WILLIAM**
STREET ADDRESS **9500 PINES BLVD**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **DS**
3.3 STREET ADDRESS **Vitucci, James**
701 N. Hiatus Rd.
3.4 CITY-ST-ZIP **Pembroke Pines, FL 33026**

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-99

(954) 436-3280

Date

Daytime Phone #

CR2E037 (1/98)

0024188