

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000040

FILED  
Apr 01, 2008  
Secretary of State

**Entity Name:** NORTH MIAMI BEACH POLICE EMPLOYEES ASSOCIATION, INC.

**Current Principal Place of Business:**

16901 N.E. 19 AVE  
NO MIAMI BEACH, FL 33162 US

**New Principal Place of Business:**

**Current Mailing Address:**

16901 N.E. 19 AVE  
NO MIAMI BEACH, FL 33162 US

**New Mailing Address:**

FEI Number: 65-0732697      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROSENTHAL, KERRY E  
2875 NE 191 STREET STE 500  
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: STURTZ, ALFRED D  
Address: 16901 N.E. 19 AVE  
City-St-Zip: NO MIAMI BEACH, FL 33162 US

Title: VPDD ( ) Delete  
Name: MORRIS, STEVE  
Address: 16901 N.E. 19 AVE  
City-St-Zip: NO MIAMI BEACH, FL 33162 US

Title: STD ( ) Delete  
Name: KATERMAN, KATHY  
Address: 16901 N.E. 19 AVE  
City-St-Zip: NO MIAMI BEACH, FL 33162 US

**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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ALFRED D. STURTZ

Electronic Signature of Signing Officer or Director

PRES

04/01/2008

\_\_\_\_\_ Date