

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # N97000005622

1. Entity Name

**ASSOCIATION OF HIALEAH RETIRED MUNICIPAL
EMPLOYEES, INCORPORATED**



Principal Place of Business

Mailing Address

**4225 SW 151 TR.
MIRAMAR FL 33027
US**

**P O BOX 2501
PALM CITY FL 34991
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-1072763

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KLAUSNER, ROBERT D
10059 N.W. 1ST COURT
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DP
CHAMBERLAIN, THOMAS R
4225 SW 151 TR
MIRAMAR FL 33027** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DS
HAMEETMAN, GEORGE
4489 SW LONG BAY DRIVE
PALM CITY FL 34990** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DT
CICHEWICZ, JAMES
17108 90 ST NORTH
LOXAHATCHEE FL 33470** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DVP
KIDD, JAMES
871 SE 2 PLACE
HIALEAH FL 33010** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
SHATAS, WAYNE
11150 NW 19 STREET
PEMBROKE PINES FL 33026** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
GRAD, NORMAN
7460 NW 18 STREET # 202
MARGATE FL 33067** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**U00000730711
05/08/07-80088-021 61.25** ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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CITY- ST- ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Thomas Chamberlain

4-20-07

954-438 3636