

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000002421

**FILED**  
**Mar 23, 2017**  
**Secretary of State**  
**CC4329605662**

**Entity Name:** CITY OF SUNRISE FRATERNAL ORDER OF POLICE LODGE 80 ASSOCIATES, INC.

**Current Principal Place of Business:**

1856 N NOBSHILL RD #231  
PLANTATION, FL 33322

**Current Mailing Address:**

POST OFFICE BOX 450581  
SUNRISE, FL 33345-0581 US

**FEI Number: 46-0473075**

**Certificate of Status Desired: Yes**

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

MORILLO, RUANNY C  
1856 N NOBSILL RD #231  
PLANTATION, FL 33322 US

*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

**Officer/Director Detail :**

Title P  
Name MORILLO, RUANNY C  
Address P.O. BOX 450581  
City-State-Zip: SUNRISE FL 33345

Title VP  
Name RIVERA, LUIS A JR  
Address P.O. BOX 450581  
City-State-Zip: SUNRISE FL 33345

Title T  
Name DIAZ, ROBERTO  
Address P.O. BOX 450581  
City-State-Zip: SUNRISE FL 33345

Title S  
Name KRENSON, VIRGINIA  
Address P.O. BOX 450581  
City-State-Zip: SUNRISE FL 33345

Title SA  
Name MORTON, EDWARD  
Address P.O. BOX 450581  
City-State-Zip: SUNRISE FL 33345

*I hereby 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 all other like empowered.*

**SIGNATURE: ROBERTO DIAZ**

**TREASURER**

**03/23/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date