

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000000817

**FILED**  
**Jan 20, 2015**  
**Secretary of State**  
**CC5653321916**

**Entity Name:** PALM BEACH COUNTY SHERIFF'S OFFICE POLICE BENEVOLENT ASSOCIATION, INC.

**Current Principal Place of Business:**

2100 NORTH FLORIDA MANGO ROAD  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

2100 NORTH FLORIDA MANGO ROAD  
WEST PALM BEACH, FL 33409

**FEI Number:** 32-0196526

**Certificate of Status Desired:** No

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

LIPPMAN, GARY ESQ  
2100 NORTH FLORIDA MANGO ROAD  
WEST PALM BEACH, FL 33409 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 DP  
Name TARTAGLIONE, PETER  
Address 2100 NORTH FLORIDA MANGO ROAD  
City-State-Zip: WEST PALM BEACH FL 33409

Title DV  
Name KLETZKY, MICHAEL  
Address 2100 NORTH FLORIDA MANGO ROAD  
City-State-Zip: WEST PALM BEACH FL 33409

Title DS  
Name WILSON, KIMBERLY  
Address 2100 NORTH FLORIDA MANGO ROAD  
City-State-Zip: WEST PALM BEACH FL 33409

Title DT  
Name BUSSEY, ERNIE  
Address 2100 NORTH FLORIDA MANGO ROAD  
City-State-Zip: WEST PALM BEACH FL 33409

Title D  
Name MCGUIRE, JOHN  
Address 2100 NORTH FLORIDA MANGO ROAD  
City-State-Zip: WEST PALM BEACH FL 33409

*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:** PETER TARTAGLIONE

**DP**

**01/20/2015**

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

\_\_\_\_\_  
Date