#### **2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000008659

Entity Name: NORTH MIAMI BEACH POLICE ATHLETIC LEAGUE, INC.

FILED Feb 02, 2021 Secretary of State 9449855673CC

Date

# **Current Principal Place of Business:**

16901 N.E.19TH AVENUE

NORTH MIAMI BEACH, FL 33162

## **Current Mailing Address:**

16901 N.E. 19TH AVENUE

NORTH MIAMI BEACH, FL 33162 US

FEI Number: 47-4875823 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

STRACHAN-ROBERTS, LYNDA 16901 N.E. 19TH AVENUE NORTH MIAMI BEACH, FL 33162 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: LYNDA STRACHAN-ROBERTS 02/02/2021

Electronic Signature of Registered Agent

Officer/Director Detail:

Title PRESIDENT Title 1VP

Name HERNANDEZ, WILLIAM Name RAND, RICHARD

Address 16901 N.E. 19TH AVENUE Address 16901 N.E. 19TH AVENUE

City-State-Zip: NORTH MIAMI BEACH, FL 33162 City-State-Zip: NORTH MIAMI BEACH, FL 33162

Title 2VP Title TREASURER

Name ASSAEL, JOSE Name SMITH, HARVETTE

Address 16901 N.E. 19TH AVENUE Address 16901 N.E. 19TH AVENUE

City-State-Zip: NORTH MIAMI BEACH FL 33162 City-State-Zip: NORTH MIAMI BEACH FL 33162

Title SECRETARY Title EXECUTIVE DIRECTOR

Name KATERMAN, KATHY Name STRACHAN-ROBERTS, LYNDA

Address 16901 N.E. 19TH AVENUE Address 16901 N.E. 19TH AVENUE

City-State-Zip: NORTH MAIMI BEACH FL 33162 City-State-Zip: NORTH MIAMI BEACH FL 33162

Title 3VP Title FINANCIAL SECRETARY

Name PINILLOS, JUAN Name MORALES, ALEX

Address 16901 NE 19TH AVENUE Address 16901 NE 19TH AVENUE

City-State-Zip: NORTH MIAMI BEACH FL 33162 City-State-Zip: NORTH MIAMI BEACH FL 33162

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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: STRACHAN-ROBERTS, LYNDA

**EXECUTIVE DIRECTOR** 

02/02/2021

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title TRUSTEE

Name WINCHESTER, AARON
Address 16901 NE 19TH AVENUE

City-State-Zip: NORTH MIAMI BEACH FL 33162