

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000008659

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

**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: Yes**

**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

02/23/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SMITH, HARVETTE  
Address        16901 N.E. 19TH AVENUE  
City-State-Zip: NORTH MIAMI BEACH, FL 33162

Title            1VP  
Name            FORD, ERVENS  
Address        16901 N.E. 19TH AVENUE  
City-State-Zip: NORTH MIAMI BEACH, FL 33162

Title            2VP  
Name            RODRIGUEZ, SANDY  
Address        16901 N.E. 19TH AVENUE  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title            TREASURER  
Name            SMITH, HARVETTE  
Address        16901 N.E. 19TH AVENUE  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title            SECRETARY  
Name            PENDING, OPEN  
Address        16901 N.E. 19TH AVENUE  
City-State-Zip: NORTH MAIMI BEACH FL 33162

Title            EXECUTIVE DIRECTOR  
Name            STRACHAN-ROBERTS, LYNDA  
Address        16901 N.E. 19TH AVENUE  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title            3VP  
Name            PINILLOS, JUAN  
Address        16901 NE 19TH AVENUE  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title            FINANCIAL SECRETARY  
Name            DARDEN, RENEE  
Address        16901 NE 19TH AVENUE  
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:** LYNDA STRACHAN-ROBERTS

EXECUTIVE DIRECTOR

02/23/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title TRUSTEE  
Name QUINONES, ROBERTO  
Address 16901 NE 19TH AVENUE  
City-State-Zip: NORTH MIAMI BEACH FL 33162