

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

DOCUMENT# N97000000040

**FILED**  
**Feb 13, 2015**  
**Secretary of State**  
**CC4893221437**

**Entity Name:** NORTH MIAMI BEACH POLICE EMPLOYEES ASSOCIATION, INC.

**Current Principal Place of Business:**

633 NE 167TH ST.  
316  
NO MIAMI BEACH, FL 33162

**Current Mailing Address:**

633 NE 167TH ST.  
316  
NO MIAMI BEACH, FL 33162 US

**FEI Number: 65-0732697**

**Certificate of Status Desired: No**

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

ROSENTHAL, KERRY E  
2875 NE 191 STREET  
SUITE 500  
AVENTURA, FL 33180 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 PD  
Name STURTZ, ALFRED D  
Address 16901 N.E. 19 AVE  
City-State-Zip: NO MIAMI BEACH FL 33162

Title VPD0  
Name MORRIS, STEVE  
Address 16901 N.E. 19 AVE  
City-State-Zip: NO MIAMI BEACH FL 33162

Title STD  
Name KATERMAN, KATHY  
Address 16901 N.E. 19 AVE  
City-State-Zip: NO MIAMI BEACH FL 33162

*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: ALFRED D. STURTZ**

**PRESIDENT**

**02/13/2015**

Electronic Signature of Signing Officer/Director Detail

Date