

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90049 049 \*\*\*\*61.25

**DOCUMENT # 767956**

1. Entity Name  
**SHUL OF BAL HARBOUR, INC.**



Principal Place of Business  
**9540 COLLINS AVENUE  
SURFSIDE, FL 33154 US**

Mailing Address  
**9540 COLLINS AVE  
SURFSIDE, FL 33154 US**

00004040



**DO NOT WRITE IN THIS SPACE**

01102006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-2302315**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**LICHTER, DAVID  
2120 N.E. 117TH ROAD  
NORTH MIAMI, FL 33181**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOLTZ, ABEL
STREET ADDRESS	9999 COLLINS AVE, PH3
CITY- ST- ZIP	BAL HARBOUR, FL 33154
TITLE	T
NAME	BEROMANN, GEORGE <b>BERGMANN</b>
STREET ADDRESS	1496 PRESIDENTIAL WAY
CITY- ST- ZIP	N MIAMI BCH, FL 33179
TITLE	VD
NAME	LICHTER, DAVID <b>REMOVE</b>
STREET ADDRESS	2120 NE 117TH ROAD
CITY- ST- ZIP	MIAMI, FL 33181
TITLE	SD
NAME	STEIN, ERIC
STREET ADDRESS	1260 88TH STREET
CITY- ST- ZIP	BAY HARBOUR ISLANDS, FL 33154
TITLE	TD
NAME	WOLF, DAVID
STREET ADDRESS	223 BAL BAY DRIVE
CITY- ST- ZIP	BAL HARBOUR, FL 33154
TITLE	VP
NAME	BORUCHIN, OSCAR
STREET ADDRESS	8999 COLLINS AVE, 6A
CITY- ST- ZIP	BAL HARBOUR, FL 33154

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/28/06 305-868-1411**

Date

Daytime Phone #

*George Bergmann*