

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90017 046 \*\*\*\*61.25

**DOCUMENT # N98000007180**

1. Entity Name  
**NORTH SHORE-NOR-ISLE OPTIMIST CLUB BOYS WORK  
FUND, INC.**



Principal Place of Business  
**% LARRY WEINBERG  
850 W 43 CT  
MIAMI BEACH, FL 33140**

Mailing Address  
**% LARRY WEINBERG  
850 W 43 CT  
MIAMI BEACH, FL 33140**

**DO NOT WRITE IN THIS SPACE**



01092006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-2543754**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WEINBERG, LARRY  
850 W 43 CT  
MIAMI BEACH, FL 33140**

**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 \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
LAZEGA, MAX  
243 POINCIANA ISLAND DR  
SUNNY ISLE BEACH, FL 32154**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
PLATT, CARL  
9180 W BAY HARBOR DR #5C  
BAY HARBOR, FL 33154**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GRAHAM, MURRAY  
1000 QUAS DE TERR #1604  
MIAMI, FL 33138**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MARMER, HAROLD  
7600 SW 112 ST  
MIAMI, FL 33156**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
WEINBERG, LARRY  
850 W 43 COURT  
MIAMI, FL 33140**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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

**LARRY WEINBERG**

Date

Daytime Phone #

**2/21/06 305 538 7183**