2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2007 8:00 am
Secretary of State
02-13-2007 90012 029 ****61.25

DOCUMENT # N98000007180

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

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

DO NOT WRITE IN THIS SPACE

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01082007 No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
59-2543754	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

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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, 2007

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

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	LAZEGA, MAX
STREET ADDRESS	243 POINCIANA ISLAND DR
CITY-ST-ZIP	SUNNY ISLE BEACH, FL 32154
TITLE	S
NAME	PLATT, CARL
STREET ADDRESS	9180 W BAY HARBOR DR #5C
CITY-ST-ZIP	BAY HARBOR, FL 33154
TITLE	STD
NAME	WEINBERG, LARRY
STREET ADDRESS	850 W 43 COURT
CITY-ST-ZIP	MIAMI, FL 33140
TITLE	PD.
NAME	GOETZ, BRETT
STREET ADDRESS	512 N 36 CT
CITY-ST-ZIP	HOLLYWOOD, FL, 33021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Larry Weinberg_   2/5/07   305-538-7183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #