

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000001250**  
 1. Entity Name  
**YOUNG ISRAEL OF BAL HARBOUR INC.**



Principal Place of Business  
**9592 HARDING AVE, 2ND FLOOR**  
**SURFSIDE, FL 33154**

Mailing Address  
**PO BOX 545985**  
**SURFSIDE, FL 33154**

**DO NOT WRITE IN THIS SPACE**



01242008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**13-5611758**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**PATRICK, MARTY**  
**1141 KANE CONCOURSE**  
**BAY HARBOR ISLANDS, FL 33154**

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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 *Max DeKelbaum* DATE *Feb 7, 2008*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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	PRES DEKELBAUM, MAX 9592 HARDING AVE, 2ND FLOOR SURFSIDE, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP1 GLUCK, JACK 9592 HARDING AVE, 2ND FLOOR SURFSIDE, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP2 SZAFRANSKI, MICHAEL 9592 HARDING AVE, 2ND FLOOR SURFSIDE, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA SUSSMAN, JOEL 9592 HARDING AVE, 2ND FLOOR SURFSIDE, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC KWIAT, DAVID 9592 HARDING AVE, 2ND FLOOR SURFSIDE, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/20/08-80103-011 61.25

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: *Max DeKelbaum* *MAX DEKELBAUM PR - 4/25/08*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #