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FILED
Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **771082** (5)
1. Corporation Name

SYMPHONY ISLES MASTER ASSOCIATION, INC.

Principal Place of Business 1001 PIANO LANE APOLLO BEACH FL 33572 US	Mailing Address 807 SYMPHONY ISLES BLVD. APOLLO BEACH FL 33572 US
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3. Date Incorporated or Qualified

11/03/1983

4. FEI Number

59-2613179

Applied For

Not Applicable

2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip

24
Country

2a. Mailing Address

25
Suite, Apt. #, etc.

26
City & State

27
Zip

28
Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**PRALL, KENNETH
1001 PIANO LANE
4830 W. KENNEDY BLVD.
APOLLO BEACH FL 33572**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature of the registered agent and, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSATO, AL	
STREET ADDRESS	857 SYMPHONY ISLES BLVD.	
CITY-ST-ZIP	APOLLO BEACH FL	

TITLE	DP	<input type="checkbox"/> DELETE
NAME	PRALL, KENNETH	
STREET ADDRESS	1001 PIANO LANE	
CITY-ST-ZIP	APOLLO BEACH FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BURSA, BRIAN	
STREET ADDRESS	911 SYMPHONY ISLES BLVD.	
CITY-ST-ZIP	APOLLO BEACH FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	QUEEN, GERALD	
STREET ADDRESS	1421 SEAGUL DR. S.	
CITY-ST-ZIP	SOUTH PASADENA FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BRUGGEMAN, VES	
STREET ADDRESS	920 ALLEGRO LANE	
CITY-ST-ZIP	APOLLO BEACH FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ken Prall

CR2E037 (10/97)