

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01505

**Entity Name:** YOUNG PATRONESSES OF THE OPERA, INC.

**Current Principal Place of Business:**

8390 N.W. 25TH ST  
C/O FLORIDA GRAND OPERA  
MIAMI, FL 33122

**Current Mailing Address:**

8390 N.W. 25TH ST  
C/O FLORIDA GRAND OPERA  
MIAMI, FL 33122 US

**FEI Number:** 59-2376906

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HERRON, JAMES M  
C/O HERRON JACOBS ORTIZ LLP  
1401 BRICKELL AVE STE 840  
MIAMI, FL 33131 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title TD  
Name MARKS, DEBORAH  
Address 19675 SW 88 COURT  
City-State-Zip: MIAMI FL 33157

Title PD  
Name PODACK, KRISTIN  
Address 1720 ESPANOLA DRIVE  
City-State-Zip: COCONUT GROVE FL 33133

Title VPD  
Name MEDEROS, PATRICIA  
Address 7226 SW 146 STREET CIRCLE  
City-State-Zip: PALMETTO BAY FL 33158

Title FSD  
Name SPIELER, LUCIE  
Address 6820 TORDERA STREET  
City-State-Zip: CORAL GABLES FL 33146

Title RSD  
Name CRONIN, MONICA  
Address 7255 SW 108 TERRACE  
City-State-Zip: PINECREST FL 33156

Title CSD  
Name HERMAN, LISA  
Address 47 SOUTH PROSPECT DRIVE  
City-State-Zip: CORAL GABLES FL 33133

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DEBORAH MARKS

**TREASURER**

**04/22/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date