

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000000346

**FILED**  
**Mar 14, 2024**  
**Secretary of State**  
**6458136648CC**

**Entity Name:** SYMPHONIC MUSICIANS OF SARASOTA, INC.

**Current Principal Place of Business:**

5216 LEVANA STREET  
% NICHOLAS ARBOLINO  
PALMETTO, FL 34221

**Current Mailing Address:**

5216 LEVANA STREET  
% NICHOLAS ARBOLINO  
PALMETTO, FL 34221 US

**FEI Number:** 37-1535668

**Certificate of Status Desired:** No

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

ARBOLINO, NICHOLAS P  
5216 LEVANA STREET  
% NICHOLAS ARBOLINO  
PALMETTO, FL 34221 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:** NICHOLAS ARBOLINO

03/14/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name NICHOLAS , ARBOLINO  
Address 1195 VILLAGE CIRCLE  
#203  
City-State-Zip: SARASOTA FL 34237

Title CHAIRMAN  
Name FALWELL, CALVIN  
Address 2716 N MORGAN STREET  
City-State-Zip: TAMPA FL 33602

Title MEMBER  
Name TRABA, FERNANDO  
Address 4301 ARROW CIRCLE  
City-State-Zip: SARASOTA FL 34232

Title MEMBER  
Name O'NEIL, SEAN  
Address 4831 REMINGTON DR.  
City-State-Zip: SARASOTA FL 34234

Title MEMBER  
Name RUMZIS, EDDIE  
Address 4172 WINNER'S CIRCLE  
UNIT 2014  
City-State-Zip: SARASOTA FL 34238

*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:** NICHOLAS P ARBOLINO

**SECRETARY/TREASURER** 03/14/2024

Electronic Signature of Signing Officer/Director Detail

Date