

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000003705

Entity Name: THE ROBERT SHARON CHORALE, INC.

Current Principal Place of Business:

C/O DR ROBERT SHARON
2255 ALLEN CREEK RD.
WEST PALM BEACH, FL 33411

Current Mailing Address:

2255 ALLEN CREEK RD
WEST PALM BEACH, FL 33411 US

FEI Number: 26-4797640

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WEISS, CATHERINE J
471 INDIGO AVE.
WELLINGTON, FL 33414 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 TRUS
Name SHARON, ROBERT
Address 2255 ALLEN CREEK ROAD
City-State-Zip: WEST PALM BEACH FL 33411

Title TP
Name AVERKAMP, EMILY
Address 8641 ESTATE DRIVE
City-State-Zip: WEST PALM BEACH FL 33411

Title TT
Name GENOVESE, KIM
Address 6124 NORTH GUAVA LANE
City-State-Zip: LANTANA FL 33462

Title TS
Name SANTOS, MARGARET
Address 8163 PINE CAY RD
City-State-Zip: WELLINGTON FL 33414

Title TVP
Name TAYLOR, DAVID
Address 5004 EL CLARO CR
City-State-Zip: WEST PALM BEACH FL 33415

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: DR. ROBERT SHARON

TRUS

03/31/2014

Electronic Signature of Signing Officer/Director Detail

Date