

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000003705

**FILED**  
**Mar 01, 2016**  
**Secretary of State**  
**CC2014712502**

**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 VP  
Name HETHERINGTON, VESTA  
Address 5411 S. OLIVE AVE.  
City-State-Zip: WEST PALM BEACH FL 33405

Title CO-TRUSTEE  
Name WEISS, CATHERINE J  
Address 471 INDIGO AVE  
City-State-Zip: WELLINGTON FL 33414

Title SECRETARY  
Name DURAN, SANDI  
Address 9836 GALLEON DR.  
City-State-Zip: WEST PALM BEACH FL 33411

Title TREASURER  
Name ROTH, PHOEBE T  
Address 3400 SPRINGDALE BLVD.  
T104  
City-State-Zip: PALM SPRINGS FL 33461

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

*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: CATHERINE J WEISS**

**CO-TRUSTEE**

**03/01/2016**

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

\_\_\_\_\_  
Date