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

DOCUMENT# N09000003705

Entity Name: THE ROBERT SHARON CHORALE, INC.

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

**FILED** 

### **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:

**TRUS** VΡ Title Title

SHARON, ROBERT Name Name HETHERINGTON, VESTA

Address 2255 ALLEN CREEK ROAD Address 5411 S. OLIVE AVE.

WEST PALM BEACH FL 33405 City-State-Zip: City-State-Zip: WEST PALM BEACH FL 33411

Title **SECRETARY** Title CO-TRUSTEE Name DURAN, SANDI Name WEISS, CATHERINE J Address 9836 GALLEON DR. Address 471 INDIGO AVE

WEST PALM BEACH FL 33411 City-State-Zip: City-State-Zip: WELLINGTON FL 33414

Title Title **TREASURER** 

GENOVESE, KIM Name Name ROTH, PHOEBE T

6124 NORTH GUAVA LANE Address Address 3400 SPRINGDALE BLVD.

T104

City-State-Zip: LANTANA FL 33462 City-State-Zip: PALM SPRINGS FL 33461

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