

2018 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:**SHARON, ROBERT
2255 ALLEN CREEK ROAD
WEST PALM BEACH, FL 33411 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	SECRETARY
Name	DURAN, SANDI
Address	9836 GALLEON DR.
City-State-Zip:	WEST PALM BEACH FL 33411

Title	T
Name	NOVINS, SHEILA
Address	4786 EXETER EST
City-State-Zip:	WELLINGTON FL 33449

Title	V
Name	MORALES, PEGGY
Address	9950 B BANANA TREE RUN
City-State-Zip:	BOYNTON BEACH FL 33436

Title	TR
Name	KADERA, WANDA
Address	1301 SW 10 AVENUE A208
City-State-Zip:	DELRAY BEACH FL 33444

Title	P
Name	BOURGEOIS, JULIE R
Address	7683 LANTANA ROAD
City-State-Zip:	LAKE WORTH FL 33467

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: WANDA P KADERA**TRUSTEE****04/18/2018**

Electronic Signature of Signing Officer/Director Detail

Date