

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000009043

**Entity Name:** STORM GROVE MIDDLE SCHOOL BAND PARENT ASSOCIATION, INC.

**FILED**  
**Jan 21, 2020**  
**Secretary of State**  
**6292122897CC**

**Current Principal Place of Business:**

6400 57TH STREET  
VERO BEACH, FL 32967

**Current Mailing Address:**

6400 57TH STREET  
VERO BEACH, FL 32967

**FEI Number: 27-1015539**

**Certificate of Status Desired: No**

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

GAUGHRAN, LESLIE  
6400 57TH STREET  
VERO BEACH, FL 32967 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: LESLIE GAUGHRAN**

**01/21/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name SRIGLEY, SEAN  
Address 550 47TH AVENUE  
City-State-Zip: VERO BEACH FL 32968

Title PRESIDENT  
Name GRUBER, MARIE  
Address 6400 57TH STREET  
City-State-Zip: VERO BEACH FL 32967

Title VP  
Name RITTENHOUSE, RICK  
Address 6400 57TH STREET  
City-State-Zip: VERO BEACH FL 32967

Title VP  
Name BROWN, AMY  
Address 6400 57TH STREET  
City-State-Zip: VERO BEACH FL 32967

Title SECRETARY  
Name SESACK, PIPER  
Address 6400 57TH STREET  
City-State-Zip: VERO BEACH FL 32967

Title TREASURER  
Name GAUGHRAN, LESLIE  
Address 6400 57TH STREET  
City-State-Zip: VERO BEACH FL 32967

*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: LESLIE GAUGHRAN**

**TREASURER**

**01/21/2020**

Electronic Signature of Signing Officer/Director Detail

Date