2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 25, 2005 8:00 am Secretary of State 04-25-2005 90260 027 ****70.00

4/22/05 Date

1. Entity Nam SOUTHW	VIENT # 703056 e EST FLORIDA SYMPHON ASSOCIATION, INC.	IY ORCI	HESTRA AND	>				4-23-2003 :	90200 ()21 · · · · I	0.00
4560 VIA ROYALE 4 SUITE 2 S			Mailing Address 4560 VIA ROYALE SUITE 2 FORT MYERS, FL 33919 US								
Principal Place of Business 3. N			Mailing Address								
Suite, Apt. #, etc		Sui	Suite, Apt. #, etc.				04052005 C	hg-NP	CR2EC	37 (10/03)	
City & State	e	City & State					4. FEI Number 59-1350404				oplied For
Zip Country		Zip	Zip C		Country		5. Certificate of Status Desired		×	\$8.75 Additional Fee Required	
6. Name and Address of Current Re			itered Agent			7. Name and Address of New Registered Agent					
	HIRLEY A ROYALE, SUITE 2 S, FL 33919	Name Street Address ((P.O. Box Number is Not Acceptable)						
	named entity submits this statement files of registered agent. Signature typed or printed hains of registered agent. Filling Fee is \$61.25		licable (NOTE	E: Registered	d Agent signer	ture required	when revisiating)	м	DATE	ck payable t	o
10.	Due by May 1, 2005 OFFICERS AND D	BECTORS	Trust Fund C	Contributi	on.		Added to Fees			rtment of S	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BUTLER, RICHARD 4513 VARSITY LAKES CT LEHIGH ACRES, FL 33971	INCOTORIS.	☐ Delete	TITLE NAMI STRE			ODITIONS/CHANC	SES TO OFFICE	NS AND C	☐ Change	Asolion
NAME STREET ADDRESS CITY ST ZIP	DC TROIANO, JOSEPH A ESQ. 3474 CHARTER CLUB DR. FORT MYERS, FL 33919		☐ Delete							☐ Change	Addition
NAME STREET ADDRESS CITY ST-ZIP	DS ZIMMERMAN, GWEN 16016 FOREST OAKS DR FORT MYERS, FL 33908		≥ Delete			OS GRE 129 For	GORY, SCOI 28 KEODI T MYCKS	T ESTON C FL . 33	.IK. 912	☐ Change	& Addilion
NAME STREET ADDRESS CHY-ST-ZIP	DV ROBINSON, CAROL 1072 BREVITY LANE FORT MYERS, FL 33919		☐ Delete							☐ Change	Addition
TITLE NAME SIREET ADDRESS CITY-ST-ZIP	DV FUCH, ROBERT 15551 SHELL POINT BLVD FORT MYERS, FL 33908		Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1		☐ Defete				_			Change	Addition
indicated of the cor	certify that the information supplied with on this report or supplemental report poration or the receiver or trusted empty, or on an attachment with an acceres	is true and cowered to	accurate and that re execute this report	ny signal _as requi	ture shall h	have the	same legal ellect as	il made under (oath; that I	I am an office	r or director

LLS TOUR SERVING OFFICER OR DIRECTOR

SIGNATURE: