

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

1/8

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

01-08-2007 90244 018 \*\*\*\*61.25

**DOCUMENT # 746020**

1. Entity Name  
**CVE/DEERFIELD BEACH SYMPHONY ORCHESTRA, INC.**



Principal Place of Business  
**CENTURY VILLAGE EAST  
DEERFIELD BEACH FL 33442 US**

Mailing Address  
**2106 OAKRIDGE V  
DEERFIELD BEACH FL 33442 US**

**66000876**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-1914920**

Applied For  
Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KESSELMAN, ELAINE  
2106 OAKRIDGE V  
DEERFIELD BEACH, FL 33442**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Elaine Kesselman*

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

*1/6/07*

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MD  
COUSIN, RUTH  
VENTNOR O 4047  
DEERFIELD BEACH, FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Add

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**TD  
KESSELMAN, ELAINE  
2106 OAKRIDGE V  
DEERFIELD BEACH, FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Add

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**PD  
FELDMAN, IRWIN S  
2697 N OCEAN BLVD  
BOCA RATON, FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Add

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**SD  
WAGNER, GERRI  
2686 NW 74TH CT REINBERRY BAY  
DELRAY BEACH, FL 33445**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Add

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**VP  
THIBAUT, DORIS  
8888 KINGS DR  
BOYNTON BEACH, FL 33436**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**VP  
LEVY, JERRY  
2780 S. OCEAN DRIVE #403  
PALM BEACH, FL 33480**  
☐ Change ☐ Add

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Elaine Kesselman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/3/07 954590-9470*

Date Daytime Phone #