

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90015 014 ****61.25

0043979

DOCUMENT # 763325

1. Corporation Name

BOCA CENTURY SYMPHONY ORCHESTRA, INC.

Principal Place of Business

CENTURY VILLAGE CLUB HOUSE
19296 LYONS RD
BOCA RATON FL 33434
US

Mailing Address

SYLVIA LEITNER
1034 EXETER B
BOCA RATON FL 33434-2968
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

28 Zip 29 Country

30

3. Date Incorporated or Qualified

05/18/1982

4. FEI Number

59-2071392

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

LEITNER, SYLVIA
1034 EXETER B
BOCA RATON FL 33434

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Sylvia Leitner

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/1/99

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME LEITNER, FREDERICK

STREET ADDRESS 1034 EXETER B

CITY-ST-ZIP BOCA RATON FL 33434

1.2 TITLE ☐ DELETE

NAME WASSERMAN, SEYMOUR

STREET ADDRESS GUILDFORD E 402 4082

CITY-ST-ZIP BOCA RATON, FL 33434

1.3 TITLE ☐ DELETE

NAME LEITNER, SYLVIA

STREET ADDRESS EXETER B 1034

CITY-ST-ZIP BOCA RATON FL 33434

1.4 TITLE ☒ DELETE

NAME HAIDUCK, ADIE

STREET ADDRESS NEWCASTLE A 1006

CITY-ST-ZIP BOCA RATON FL

1.5 TITLE ☐ DELETE

NAME ALBOUM, BURT

STREET ADDRESS AINSIE D 2064

CITY-ST-ZIP BOCA RATON FL 33434

1.6 TITLE ☒ DELETE

NAME MAKWSKY, ALEX

STREET ADDRESS 40 FANSHAW A

CITY-ST-ZIP BOCA RATON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sylvia Leitner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/1/99

Date

Daytime Phone #

561
483-0669

CR2E037 (11/98)