

2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90106 044 \*\*\*\*61.25

**DOCUMENT # F99000004475**

1. Entity Name  
**SUN SYMPHONY SOCIETY, INC.**



Principal Place of Business  
**C/O JOSEPH EGER  
3240 NE 11TH ST., APT 205  
POMPANO BEACH, FL 33062**

Mailing Address  
**C/O JOSEPH EGER  
3240 NE 11TH ST., APT 205  
POMPANO BEACH, FL 33062**

40004437



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102006

Chg-NP

CR2E037 (11/05)

City & State

City & State

4. FEI Number

23-7423405

Applied For

Not Applicable

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

**EGER, JOSEPH  
3240 NE 11TH ST., APT 205  
POMPANO BEACH, FL 33062**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2006

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 PS ☐ Delete  
NAME EGER, JOSEPH  
STREET ADDRESS 3200 NE 7TH COURT, #207A  
CITY-ST-ZIP POMPANO BEACH, FL 33062

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

TITLE STD ☐ Delete  
NAME EGER, DORITA BEH  
STREET ADDRESS 3200 NE 7TH COURT, #205A  
CITY-ST-ZIP POMPANO BEACH, FL 33062

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

TITLE D ☐ Delete  
NAME FELDMAN, JANNET C  
STREET ADDRESS 410 WEST 24TH STREET, PH #A  
CITY-ST-ZIP NEW YORK, NY 10011

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

TITLE D ☐ Delete  
NAME CLARK, JUNE  
STREET ADDRESS #9 GLENWOOD DRIVE  
CITY-ST-ZIP DARIEN, CT 06020

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

TITLE D ☐ Delete  
NAME FRUMERMAN, BRUCE  
STREET ADDRESS 222 E 93RD STREET, 25A  
CITY-ST-ZIP NEW YORK, NY 10128

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

TITLE D ☐ Delete  
NAME FRUMERMAN, CATHY  
STREET ADDRESS 222 E 93RD ST, 28A  
CITY-ST-ZIP NEW YORK, NY 10128

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

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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X Jan 20, 06  
Date Daytime Phone #