
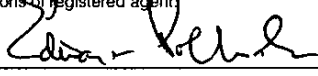
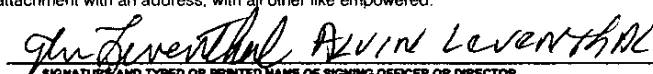


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90088 030 ****61.25

DOCUMENT # N00000001910 1. Entity Name MUSIC SOCIETY OF CORAL LAKES, INC.					
Principal Place of Business 5618 ROYAL LAKE CIRCLE BOYNTON BEACH, FL 33437				Mailing Address 5618 ROYAL LAKE CIRCLE BOYNTON BEACH, FL 33437	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01052007 Chg-NP CR2E037 (12/06)	
4. FEI Number 65-1010980				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POLLOCK, EDWARD 12468 CRYSTAL POINTE DR BOYNTON BEACH, FL 33437			7. Name and Address of New Registered Agent 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 			DATE 1/18/07		
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, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD COHEN, MYRA 12561 CORAL LAKES DRIVE BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALPERT, HARVEY 12928 CORAL LAKES DRIVE BOYNTON BEACH, FL 33437
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP COHEN, SHARON 6297 CORAL REEF TERR BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	RUTH LEVIN 6372 TIARA DRIVE BOYNTON BEACH FL 33437
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP ALPERT, HARVEY 12928 CORAL LAKES DRIVE BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOSS, ELLEN 12851 CORAL LAKES DR BOYNTON BEACH, FL 33437
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOSS, ELLEN 12851 CORAL LAKES DR BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEVENTHAL, ALVIN 5618 ROYAL LAKE CIR BOYNTON BEACH, FL 33437
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEVENTHAL, ALVIN 5618 ROYAL LAKE CIR BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHREFF, RITA 12715 CORAL LAKES DR BOYNTON BEACH, FL 33437
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
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: 			DATE 1/06/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DAYTIME PHONE # 561-495-0872		