2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N00000001910

Entity Name: MUSIC SOCIETY OF CORAL LAKES, INC.

Current Principal Place of Business:

5618 ROYAL LAKE CIRCLE
BOYNTON BEACH, FL 33437

New Principal Place of Business:

Current Mailing Address:

5618 ROYAL LAKE CIRCLE
BOYNTON BEACH, FL 33437

New Mailing Address:

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FEI Number: 65-1010980 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POLLOCK, EDWARD
12468 CRYSTAL POINTE DR
BOYNTON BEACH, FL 33437 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ALPERT, HAVEY
Address: 12928 CORAL LAKES DR
City-St-Zip: BOYNTON BEACH, FL 33437

Title: 1VP ( ) Delete
Name: COHEN, SHARON
Address: 6297 CORAL REEF TERR
City-St-Zip: BOYNTON BEACH, FL 33437

Title: 2VP ( ) Delete
Name: LEVIN, RUTH
Address: 6372 TIARA DR
City-St-Zip: BOYNTON BEACH, FL 33437

Title: S ( ) Delete
Name: MOSS, ELLEN
Address: 12851 CORAL LAKES DR
City-St-Zip: BOYNTON BEACH, FL 33437

Title: T ( ) Delete
Name: LEVENTHAL, ALVIN
Address: 5618 ROYAL LAKE CIR
City-St-Zip: BOYNTON BEACH, FL 33437

Title: 3VP (X) Delete
Name: SCHREFF, RITA
Address: 12715 CORAL LAKES DR
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LEVIN, RUTH
Address: 6372 TIARA DRIVE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: 1VP (X) Change ( ) Addition
Name: SCHREFF, RITA
Address: 12715 CORAL LAKES DRIVE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: 2VP (X) Change ( ) Addition
Name: SALTZMAN, IRV
Address: 12649 CORAL LAKES DRIVE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALVIN LEVENTHAL T 01/16/2009

Electronic Signature of Signing Officer or Director — Date