

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00950

**FILED**  
**Mar 22, 2011**  
**Secretary of State**

**Entity Name:** NORTH PORT ORCHESTRA ASSOCIATION, INC.

**Current Principal Place of Business:**

N. PORT PERFORMING ARTS CTR/MUSIC STE  
6400 W PRICE BLVD  
NORTH PORT, FL 34286 US

**New Principal Place of Business:**

**Current Mailing Address:**

N. PORT PERFORMING ARTS CTR/MUSIC STE  
6400 W PRICE BLVD  
NORTH PORT, FL 34286 US

**New Mailing Address:**

**FEI Number:** 59-2454986

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ELMORE, VICKI L  
1107 DEER HOLLOW PLACE  
SARASOTA, FL 34232 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: P  
Name: SCHOENTHALER, KAREN  
Address: 1143 TUSCANY BLVD  
City-St-Zip: VENICE, FL 34292 US

Title: V/P  
Name: CAMPOS, BENT  
Address: 4236 LANE TREE DRIVE  
City-St-Zip: NORTH PORT, FL 34286 US

Title: T  
Name: SMITH, PETER L  
Address: 2618 PARIASIAN CT  
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: S  
Name: SCOTT, JOSEF  
Address: 5630 CISSUS AVE  
City-St-Zip: NORTH PORT, FL 34288 US

I hereby 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 all other like empowered.

SIGNATURE: PETER SMITH

T

03/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date