


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90088 026 ****61.25

DOCUMENT # N03000005382					
1. Entity Name LYRIC CHAMBER ORCHESTRA AT HIGHLAND BEACH, INC.					
Principal Place of Business 4748 SOUTH OCEAN BLVD. APT. 1202 HIGHLAND BEACH, FL 33487 US		Mailing Address 4748 SOUTH OCEAN BLVD. APT. 1202 HIGHLAND BEACH, FL 33487		40033000	
2. Principal Place of Business		3. Mailing Address		04122006 Chg-NP CR2E037 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 45-0520531	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REDGRAVE & ROSENTHAL, LLP 120 EAST PALMETTO PARK ROAD SUITE 450 BOCA RATON, FL 33432			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	STRAUSS, SEYMOUR	NAME	Rosen, Vera		
STREET ADDRESS	4748 SOUTH OCEAN BLVD.	STREET ADDRESS	11836 NW 9th Street		
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487	CITY-ST-ZIP	Coral Springs, FL 33071		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	REID, THOMAS	NAME	Dolce, Mo-Jo		
STREET ADDRESS	3015 SOUTH OCEAN BLVD.	STREET ADDRESS	4740 S. Ocean Boulevard		
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487	CITY-ST-ZIP	Highland Beach, FL 33487		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GRACE, GERALD FATHER	NAME	Franklin, Mimi		
STREET ADDRESS	3510 SOUTH OCEAN BLVD.	STREET ADDRESS	4740 South Ocean Boulevard		
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487	CITY-ST-ZIP	Highland Beach, Florida 33487		
TITLE	S <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRAUSE, DOROTHY	NAME			
STREET ADDRESS	4748 S OCEAN BLVD	STREET ADDRESS			
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEVENS, RUTH	NAME			
STREET ADDRESS	2642 CRAN BROOK COURT	STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SURRELLI, JOHN	NAME			
STREET ADDRESS	3420 SOUTH OCEAN BLVD.	STREET ADDRESS			
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487	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 on Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>[Signature]</i>		Date: 4/12/06		Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					