


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90170 027 ****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		
2. Principal Place of Business - No P.O. Box # 2642 Cranbrook Court		3. Mailing Address 2642 Cranbrook Court			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Boynton Beach, Florida		City & State Boynton Beach, Florida		4. FEI Number 45-0520531	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip 33437	Country USA	Zip 33437	Country USA	03082007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
REDGRAVE & ROSENTHAL, LLP 120 EAST PALMETTO PARK ROAD SUITE 450 BOCA RATON, FL 33432			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	STRAUSS, SEYMOUR		NAME	VERA ROSEN	33071
STREET ADDRESS	4748 SOUTH OCEAN BLVD.		STREET ADDRESS	11836 N.W. 9th ST.	
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487		CITY-ST-ZIP	CONRADSPRING FL	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DOLCE, NO JO Josephine		NAME	BEVERLY SANDERS	
STREET ADDRESS	4740 S OCEAN BLVD		STREET ADDRESS	19546 SATURNIA LAKE DR	
CITY-ST-ZIP	BOCA RATON, FL 33487		CITY-ST-ZIP	BOCA RATON FL-33498	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GRACE, GERALD FATHER		NAME	Sheila Golden	
STREET ADDRESS	3510 SOUTH OCEAN BLVD.		STREET ADDRESS	5630 KIGWA CIRCLE	
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487		CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	STRAUSE, DOROTHY		NAME	Lillian Frank	
STREET ADDRESS	4748 S OCEAN BLVD		STREET ADDRESS	4740 S. Ocean Blvd. Apt 203	
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487		CITY-ST-ZIP	Highland Beach, FL 33487	
TITLE	D	<input checked="" 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Ruth Stevens</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					