

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90024 031 ****61.25

DOCUMENT # N03000006167

1. Entity Name

THE ARTS COUNCIL OF GREATER WESTON, INC.



Principal Place of Business

20200 SADDLE CLUB ROAD
WESTON FL 33327

Mailing Address

20200 SADDLE CLUB ROAD
WESTON FL 33327



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

1st MOORE

CR2E037 (10/06)

4. FEI Number

55-0853792

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOENIG, ROCHELLE
20200 SADDLE CLUB ROAD
WESTON FL 33327

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

Rochelle Koenig

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 | P | <input type="checkbox"/> Delete |
| NAME | KOENIG, ROCHELLE | |
| STREET ADDRESS | 2478 BAY ISLE CT. | |
| CITY- ST- ZIP | WESTON FL 33327 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | RHONE, JOYCE | |
| STREET ADDRESS | 689 FOXCREEK CT. | |
| CITY- ST- ZIP | WESTON FL 33327 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | JENKINS, ELIZABETH | |
| STREET ADDRESS | 13750 CEDAR BLUFF CT. | |
| CITY- ST- ZIP | WESTON FL 33327 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | GRUNER, MARCUS | |
| STREET ADDRESS | 1374 MAJESTY TERRACE | |
| CITY- ST- ZIP | WESTON FL 33327 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | FRIEDMAN, JOSEPH | |
| STREET ADDRESS | 16300 GOLF CLUB RD. #805 | |
| CITY- ST- ZIP | WESTON FL 33326 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | PREITE, JOSEPH | |
| STREET ADDRESS | 16300 GOLF CLUB RD #703 | |
| CITY- ST- ZIP | Weston, FL. 33326 | |

| | | |
|----------------|---------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Syates, Courtney | |
| STREET ADDRESS | 9395 Satin Leaf Place | |
| CITY- ST- ZIP | Parkland, FL. 33076 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FRIEDMAN, JOSEPH | |
| STREET ADDRESS | 16300 GOLF CLUB RD #805 | |
| CITY- ST- ZIP | Weston, FL 33326 | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PREITE, JOSEPH | |
| STREET ADDRESS | 16300 GOLF CLUB ROAD #703 | |
| CITY- ST- ZIP | WESTON, FL 33327 | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Rochelle Koenig

ROCHELLE KOENIG

2/8/07

954349-8744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #