

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90031 043 ****61.25

DOCUMENT # N04000007368

1. Entity Name
BOCA RATON PHILHARMONIC SYMPHONIA, INC.



Principal Place of Business
**2285 POTOMAC RD
BOCA RATON, FL 33431**

Mailing Address
**2285 POTOMAC RD
BOCA RATON, FL 33431**

40060179



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04012008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
20-1454440

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**COYNE, MARTIN L
550 SE MIZNER BLVD APT 707
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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** ☐ Delete
NAME **COYNE, MARTIN L**
STREET ADDRESS **550 SE MIZNER BLVD 707**
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE **VP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **LUPFER, JAMES**
STREET ADDRESS **9525 BURLINGTON PLACE**
CITY-ST-ZIP **BOCA RATON, FL 33434**

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **DUVALL, MILLICENT E**
STREET ADDRESS **6850 GRANDE DR N**
CITY-ST-ZIP **BOCA RATON, FL 33432735**

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☒ Delete
NAME **SAVARICK, MADELYN**
STREET ADDRESS **5466 STEEPLE CHASE**
CITY-ST-ZIP **BOCA RATON, FL 33496**

TITLE **VP** ☐ Change ☒ Addition
NAME **LUPTAK, BOB**
STREET ADDRESS **7946 N FEDERAL HIGHWAY**
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE **VPM** ☐ Delete
NAME **MURTAGH, GRI**
STREET ADDRESS **3511 NW CLUBHOUSE PLACE**
CITY-ST-ZIP **BOCA RATON, FL 33496**

TITLE **T** ☐ Change ☒ Addition
NAME **GOUTHRO, M. JONATHAN**
STREET ADDRESS **2101 NW 2ND AVE, SUITE S**
CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE **T** ☐ Delete
NAME **SHUFORD, HARRY**
STREET ADDRESS **901 PENINSULA CORP CIRCLE**
CITY-ST-ZIP **BOCA RATON, FL 33496**

TITLE **P** ☒ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


HARRY SHUFORD

3/31/08

Daytime Phone #

561-893-3033

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000007368 1. Entity Name BOCA RATON PHILHARMONIC SYMPHONIA, INC.						<div style="font-size: 2em; font-weight: bold;">PAGE 2</div> <div style="font-size: 2em; font-weight: bold;">ATTACHMENT</div> <div style="font-size: 2em; font-weight: bold;">40060179</div>	
Principal Place of Business 2285 POTOMAC RD BOCA RATON, FL 33431				Mailing Address 2285 POTOMAC RD BOCA RATON, FL 33431			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country				City & State Zip Country			
4. FEI Number 20-1454440				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent COYNE, MARTIN L 550 SE MIZNER BLVD APT 707 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 _____ <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, 2008				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 NAME STREET ADDRESS CITY-ST-ZIP	P COYNE, MARTIN L 550 SE MIZNER BLVD 707 BOCA RATON, FL 33432			TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEE, DICK 20646 NW 26 AVE BOCA RATON, FL 33434		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUPFER, JAMES 9525 BURLINGTON PLACE BOCA RATON, FL 33434			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DUVALL, MILLICENT E 6850 GRANDE DR N BOCA RATON, FL 33432735			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SAVARICK, MADELYN 5466 STEEPLE CHASE BOCA RATON, FL 33496			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPM MURTAGH, GERI 3517 NW CLUBHOUSE PLACE BOCA RATON, FL 33496			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHUFORD, HARRY 901 PENNINSULA CORP CIRCLE BOCA RATON, FL 33496			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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>HARRY SHUFORD</u> 3/31/08 561-893-3033 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							