## 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

BOCA RATON PHILHARMONIC SYMPHONIA, INC.



40060179 Principal Place of Business Mailing Address 2285 POTOMAC RD 2285 POTOMAC RD BOCA RATON, FL 33431 BOCA RATON, FL 33431 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04012008 Cho-NP CR2E037 (12/06) City & State Applied For City & State 4. FEI Number 20-1454440 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 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 Street Address (P.O. Box Number is Not Acceptable) BOCA RATON, FL 33432 Zip Code City 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 \$5.00 May Be 1 · Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to Due by May 1, 2008 Trust Fund Contribution П Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. VP TITLE TITLE ☐ Addition Delete **5** Change COYNE, MARTIN L NAME NAME 550 SE MIZNER BLVD 707 STREET ADORESS STREET ADDRESS BOCA RATON, FL 33432 CITY-ST-ZIP CITY-ST-ZIP TITLE Ø Detete TITLE Change ☐ Addition NAME LUPFER, JAMES MAME STREET ADDRESS 9525 BURLINGTON PLACE STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33434 COY-ST-7P  $\overline{o}$ TITLE ☐ Delete TITLE ☐ Addition ¶ Change DUVALL, MILLICENT E NAME NAME STREET ADDRESS 6850 GRANDE DR N STREET ADDRESS CiTY-ST-7IP **BOCA RATON, FL 334332735** CITY-ST-ZIP MIF m im e Delete ☐ Change 2946 N FEDERAL MICHURY SAVARICK, MADELYN NAME NAME ي في ع 5466 STEEPLE CHASE STREET ADDRESS STREET ADDRESS BOCA RATON, FL 33496 BOLA RATON, FL 33487 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change **₩**Addilion GOUTHRO, M. JONATHAN 2101 NW 2nd AVE, SUITE S MURTAGH, GERI NAME MARKE 3511 NW CLUBHOUSE PLACE STREET ADORESS STREET ADDRESS BOLA RATON, FL 33431 CITY-ST-ZIP BOCA RATON, FL 33496 CITY-ST-ZIP TITLE ☐ Delete MILE Change Addition SHUFORD, HARRY NAME NAME STREET ADDRESS 901 PENNINSULA CORP CIRCLE STREET ADDRESS BOCA RATON, FL 33496 CITY-ST-7IP

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 offer like empowered.

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## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N0400007368							000	- ^				
1. Entity Name BOCA RATON PHILHARMONIC SYMPHONIA, INC.							PAG	七二	•			
2285 POTOMAC RD 2			2285	Mailing Address 2285 POTOMAC RD BOCA RATON, FL 33431		ATTACHMENT						
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Principal Place of Business - No P.O. Box #			3. Mailing Address			; 700°	тоу	1				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04012008 Chg	3-NP	CR2E03	7 (12/06)			
City & State		City & State				4. FEI Number 20-1454440	 )	<del></del>	<del></del>	plied For t Applicable		
Zip	Zip Country		Zip		Cou	intry	5. Certificate of Status Desired		\$8.75 Additional Fee Required			
	6. Name	and Address of Current	Registere	d Agent			7. Name and Addre	ess of New Re			<u> </u>	
COVNE MARTINI						Name						
COYNE, MARTIN L 550 SE MIZNER BLVD APT 707 BOCA RATON, FL 33432			!			Street Address (P.O. Box Number is Not Acceptable)						
Doorto		30-102										
						City			FL	Zip Cod	B	
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												
Signeture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signeture required when reinstating)  DATE												
Filing Fee is \$81.25 9. Election Camp Due by May 1, 2008 Trust Fund Cor							\$5.00 May Be Added to Fees Make check payable to Florida Department of State					
44												
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