


FILE NOW: FILING FEE IS \$61.25

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Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N31442** (9)

1. Corporation Name

SYMPHONY GUILD OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

P.O. BOX 14483
FT. LAUDERDALE FL 33302

P.O. BOX 14483
FT. LAUDERDALE FL 33302



3. Date Incorporated or Qualified

03/30/1989

4. FEI Number

65-0141861

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. P.O. Box 7300	26 Suite, Apt. #, etc. P.O. Box 7300
22 City & State Fort Lauderdale, FL	27 City & State Fort Lauderdale, FL
23 Zip 33338	28 Zip 33338
24 Country USA	29 Country USA

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEINER-HORNSTEYN, HELENA
936 INTRACOASTAL DR
APT 7E
FT. LAUDERDALE FL 33308

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
<input type="checkbox"/> DELETE	D	STEINER-HORNSTEYN, HELENA	4430 NE 25TH AVENUE FT. LAUDERDALE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input checked="" type="checkbox"/> DELETE	D	OSBURN, RACHEL	600 N. SURF ROAD HOLLYWOOD FL 33019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Magda Alzuri (D)	1131 SE Fourth Street Fort Lauderdale, FL 33301	
<input checked="" type="checkbox"/> DELETE	D	MYERS, MARK	2708 PINEHURST FT. LAUDERDALE FL 33332	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Linda Sherwin (D)	521 SE 3rd Terrace Pompano Beach, FL 33060	
<input checked="" type="checkbox"/> DELETE	D	REDMON, IMOGENE	5806 PINE TERRACE PLANTATION FL 33317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Anna Beach (D)	5400 Pine Tree Road Pompano Beach, FL 33067	
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Veronika Thorne (D)	2625 Sea Island Drive Fort Lauderdale, FL 33301	
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or of an attachment with an address.

SIGNATURE:

Heleyna Stein-Hornsteyn, President April 10, 1998

CR2E037 (10/97)