

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39993

FILED  
Apr 05, 2006  
Secretary of State

**Entity Name:** HALLANDALE SYMPHONIC POPS ORCHESTRA, INC.

**Current Principal Place of Business:**

PO BOX 85084  
HALLANDALE BEACH, FL 33008 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 85084  
HALLANDALE BEACH, FL 33008 US

**New Mailing Address:**

**FEI Number:** 65-0274175      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FRIEDMAN ESQ., ROBERT  
1150 EAST HALLANDALE BEACH BLVD  
HALLANDALE, FL 33009 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: SHRIER, SHARI  
Address: 600 3 ISLANDS BLVD #1404  
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: D (X) Delete  
Name: SNYDER, MARLENE  
Address: 18911 NW 19TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VP ( ) Delete  
Name: WINFIELD, GEORGIA  
Address: 500 S FEDERAL HWY  
City-St-Zip: HALLANDALE, FL 33009

Title: P ( ) Delete  
Name: FULLER, ANN  
Address: 8432 PINE CAY  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: VP ( ) Delete  
Name: LOVENVIRTH, ARMIN  
Address: 600 PARKVIEW DR  
City-St-Zip: HALLANDALE BEACH, FL 33009

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T (X) Change ( ) Addition  
Name: FELDMAN, SHARI  
Address: 600 3 ISLANDS BLVD #1404  
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARI FELDMAN

T

04/05/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date