

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 29 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 # **N96000003722 (3)**
1. Corporation Name
COMMUNITY MUSIC SCHOOL OF SOUTH FLORIDA, INC.



Principal Place of Business 7766 S TAMiami TR SARASOTA FL 34231 US	Mailing Address 7766 S TAMiami TR SARASOTA FL 34231 US
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3. Date Incorporated or Qualified 07/02/1996
4. FEI Number 65-0685932
Applied For Not Applicable

2. Principal Place of Business 21 172 YACHT HARBOR DR Suite, Apt. #, etc. 22 City & State 23 OSPREY FL Zip 24 34229-9727	2a. Mailing Address 25 4029 BEE RIDGE RD. Suite, Apt. #, etc. 26 City & State 27 SUNTO 5111 City & State 28 SARASOTA, FL Zip 29 34233 Country 30 USA
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent GELDI, JOHN J JR 172 YACHT HARBOR DRIVE OSPREY FL 34229-9727	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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, for 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, am familiar with, and accept the obligations of, Section 617.0502, Florida Statutes.

SIGNATURE: *[Signature]* **JOHN J. GELDI, JR., BOARD CHAIRMAN** 4/25/98
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD GELDI, JOHN J JR 172 YACHT HARBOR DRIVE OSPREY FL	1.1 TITLE	CD
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPD LVOV, BORIS 4886 SAN JOSE DRIVE SARASOTA FL	2.1 TITLE	VPD
NAME		2.2 NAME	JOAN M. LOVINGOOD
STREET ADDRESS		2.3 STREET ADDRESS	4560 COOPER RD.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	VPD GERSHFELD, TATYANA 6831 TEMA LANE SARASOTA FL	3.1 TITLE	TP
NAME		3.2 NAME	MARY-LOU MOUTON
STREET ADDRESS		3.3 STREET ADDRESS	3798 COUNTRYSIDE RD.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	SARASOTA, FL 34233
TITLE		4.1 TITLE	SD
NAME		4.2 NAME	MARY C. GELDI
STREET ADDRESS		4.3 STREET ADDRESS	172 YACHT HARBOR DR
CITY-ST-ZIP		4.4 CITY-ST-ZIP	OSPREY, FL 34229-9727
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOAN M. LOVINGOOD	
2.3 STREET ADDRESS	4560 COOPER RD.	
2.4 CITY-ST-ZIP	SARASOTA, FL 34232	
3.1 TITLE	TP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MARY-LOU MOUTON	
3.3 STREET ADDRESS	3798 COUNTRYSIDE RD.	
3.4 CITY-ST-ZIP	SARASOTA, FL 34233	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MARY C. GELDI	
4.3 STREET ADDRESS	172 YACHT HARBOR DR	
4.4 CITY-ST-ZIP	OSPREY, FL 34229-9727	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, as changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 4/25/98 941 918 0742

CR2E037 (10/97)