

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 09, 2008 8:00 am**  
**Secretary of State**

07-09-2008 90021 003 \*\*\*\*70.00

**DOCUMENT # N96000006257**

1. Entity Name  
**BOCA RATON MUSIC STUDY CLUB, INC.**



Principal Place of Business  
**115 SW 14TH ST  
BOYNTON BEACH, FL 33426-4641**

Mailing Address  
**115 SW 14TH ST  
BOYNTON BEACH, FL 33426**

**40109944**



2. Principal Place of Business - No P.O. Box #  
**7004 Cataluna Circle**  
Suite, Apt. #, etc.

3. Mailing Address  
**7004 Cataluna Circle**  
Suite, Apt. #, etc.

07072008 Chg-NP CR2E037 (12/06)

City & State  
**Boca Raton, FL**  
Zip  
**33446** Country  
**USA**

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**Boca Raton, FL**  
Zip  
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4. FEI Number  
**65-0452701**

Applied For  
**Not Applicable**

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

6. Name and Address of Current Registered Agent

**BAKER, DOROTHY P  
115 SW 14TH ST  
BOYNTON BEACH, FL 33426**

7. Name and Address of New Registered Agent

Name  
**Bonda, Elaine Ms.**  
Street Address (P.O. Box Number is Not Acceptable)  
**7004 Cataluna Circle**  
City  
**Boca Raton** FL Zip Code  
**33446**

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 *Elaine Bonda* **ELaine Bonda PD**

**7/8/08**

**Filing Fee is \$61.25  
Due by September 12, 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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MOORE, ROBERT H 790 ANDREWS AVE. APT. 301C DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WALKER, HELEN 3581 LAKEVIEW DR DELRAY BEACH, FL 33445	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SURETTE, MARILYN 10420 LAKE VISTA CIRCLE BOCA RATON, FL 33498	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BAKER, DOROTHY 115 SW 14TH ST BOYNTON BEACH, FL 33426	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WEIR, JOAN MRS 1775 PARK TREE PLACE DELRAY BEACH, FL 33445	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Bonda, Elaine 7004 Cataluna Circle Boca Raton, FL 33446	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Croce, Catherine 86 MacFarlane DR, Apt. 3J DeLray Beach, FL 33483	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SP Weitzell, Janice Ms. 6801 Hendry Drive Lake Worth, FL 33463	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Elaine Bonda* **ELaine Bonda** **7/8/08** **561-499-8678**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #