

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90033 005 ****61.25

DOCUMENT # N97000005601	
1. Entity Name WESTON PHILHARMONIC SOCIETY, INC.	

Principal Place of Business 7320 GRIFFIN ROAD STE. 109 DAVIE FL 33314	Mailing Address 7320 GRIFFIN ROAD STE. 109 DAVIE FL 33314
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 65-0797970	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KALIS, NEAL R 7320 GRIFFIN ROAD STE. 109 DAVIE FL 33314	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NICKELS, JACK NORTHERN TRUST BANK WESTON FL 33326 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BERGER, LITHA S 658 SPINNAKER FORT LAUDERDALE FL 33326 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROBAINA, JUDI 16526 RUBY LAKE WESTON FL 33331 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KESHEN, CARY 1225 BALBOA CT. WESTON FL 33326 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KOENIG, ROCHELLE 2478 BAY ISLE CT. WESTON FL 33327 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOENIG, ROCHELLE 2478 BAY ISLE CT. WESTON, FLA 33327 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD EDELMAN, JUDITH 2547 BAY POINTE DR. WESTON, FL 33327 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 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: *Rochelle Koenig* **ROCHELLE KOENIG** *2/25/04 954-349-8744*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #