

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90016 027 \*\*\*\*70.00

DOCUMENT # N97000005601

1. Entity Name

WESTON PHILHARMONIC SOCIETY, INC.



Principal Place of Business

NORTHERN TRUST BANK  
2300 WESTON RD  
WESTON FL 33326

Mailing Address

P.O. BOX 268354  
WESTON FL 33326

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

LANDER, ROGER  
2500 WESTON RD #105  
WESTON FL 33331

7. Name and Address of New Registered Agent

Name JUDITH EDELMAN

Street Address (P.O. Box Number is Not Acceptable)  
2547 BAY POINTE DRIVE

City WESTON

FL

Zip Code 33327

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 Judith Edelman

(NOTE: Registered Agent Signature Required when reinstating)  
DATE 3/14/08

FILE NOW: FEE IS \$61.25  
Due By May 1, 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          | P                   | <input checked="" type="checkbox"/> Delete |
| NAME           | LANDER, ROGER       |                                            |
| STREET ADDRESS | 2500 WESTON RD #105 |                                            |
| CITY-ST-ZIP    | WESTON FL 33331     |                                            |
| TITLE          | VPD                 | <input checked="" type="checkbox"/> Delete |
| NAME           | LINEVSKY, LESLIE    |                                            |
| STREET ADDRESS | 2735 HACKNEY RD     |                                            |
| CITY-ST-ZIP    | WESTON FL 33331     |                                            |
| TITLE          | VPD                 | <input type="checkbox"/> Delete            |
| NAME           | ROBAINA, JUDI       |                                            |
| STREET ADDRESS | 16526 RUBY LAKE     |                                            |
| CITY-ST-ZIP    | WESTON FL 33331     |                                            |
| TITLE          | VPD                 | <input type="checkbox"/> Delete            |
| NAME           | BENTZ, MONA         |                                            |
| STREET ADDRESS | 1052 WATERSIDE CIR  |                                            |
| CITY-ST-ZIP    | WESTON FL 33324     |                                            |
| TITLE          | VPD                 | <input checked="" type="checkbox"/> Delete |
| NAME           | EDELMAN, JUDITH     |                                            |
| STREET ADDRESS | 2547 BAY POINTE DR  |                                            |
| CITY-ST-ZIP    | WESTON FL 33327     |                                            |
| TITLE          | TRES                | <input checked="" type="checkbox"/> Delete |
| NAME           | WIENER, HELENE      |                                            |
| STREET ADDRESS | 2673 OAKBROOK DRIVE |                                            |
| CITY-ST-ZIP    | WESTON FL 33332     |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                           |                                                                              |
|----------------|---------------------------|------------------------------------------------------------------------------|
| TITLE          | PRESIDENT - (CP)          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | JUDITH EDELMAN            |                                                                              |
| STREET ADDRESS | 2547 BAY POINTE DRIVE     |                                                                              |
| CITY-ST-ZIP    | WESTON, FL. 33327         |                                                                              |
| TITLE          | VPD                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | JOSEPH POMERANTZ          |                                                                              |
| STREET ADDRESS | 2707 CYPRUS MNR.          |                                                                              |
| CITY-ST-ZIP    | WESTON, FL. 33332         |                                                                              |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |                                                                              |
| STREET ADDRESS |                           |                                                                              |
| CITY-ST-ZIP    |                           |                                                                              |
| TITLE          | VPD                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | PAULINE MACRAE            |                                                                              |
| STREET ADDRESS | 865 WATERVIEW DRIVE       |                                                                              |
| CITY-ST-ZIP    | WESTON, FL. 33326         |                                                                              |
| TITLE          | TREASURER (T)             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | ELNA ARTI DIELLO SANTIAGO |                                                                              |
| STREET ADDRESS | 2428 DEER CREEK RD.       |                                                                              |
| CITY-ST-ZIP    | WESTON, FL. 33327         |                                                                              |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

3/18/08

954-816-8598