

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000103721

1. Entity Name
SYMPHONY BUILDERS AT PALM COVE GOLF AND
YACHT CLUB, INC.



FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90027 033 ***158.75

Principal Place of Business
1700 UNIVERSITY DRIVE
302
CORAL SPRINGS, FL 33071

Mailing Address
1700 UNIVERSITY DRIVE
302
CORAL SPRINGS, FL 33071



2. Principal Place of Business

3. Mailing Address

03312004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
65-1150207

Applied For
Not Applicable

City & State

City & State

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

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

ROTHENBERG, LARRY A
900 NORTH FEDERAL HIGHWAY
460
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

815 Coral Ridge Drive

City

Coral Springs

FL

Zip Code

33071

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PTS
MOSCOVITCH, LEWIS
1700 UNIVERSITY DRIVE, SUITE 302
CORAL SPRINGS, FL 33071

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-04

Date

154-341-1499

Daytime Phone #