

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00950

Entity Name: NORTH PORT SYMPHONY, INC.**Current Principal Place of Business:**6400 W PRICE BLVD
NORTH PORT, FL 34286**Current Mailing Address:**7363 SPRING HAVEN DR
NORTH PORT, FL 34287 US**FEI Number:** 59-2454986**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALEGRIA, MICHAEL
7363 SPRING HAVEN DR
NORTH PORT, FL 34287 US*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.***SIGNATURE:** MICHAEL ALEGRIA

04/17/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name LOUKOTA, JOHN JR
Address PO BOX 383
City-State-Zip: VENICE FL 34284

Title SECRETARY
Name WITHERS, JUNE
Address 904 GROVELAND AVENUE
City-State-Zip: VENICE FL 34285

Title TREASURER
Name FLORA, SUSAN
Address 258 PADOVA WAY
City-State-Zip: NORTH VENICE FL 34275

Title TRUSTEE
Name EDWARDS, PIILANI
Address 7531 MIZNER RESERVE CT.
City-State-Zip: LAKEWOOD RANCE FL 34202

Title ARTISTIC DIRECTOR
Name ROMANSKI, ROBERT
Address 11705 BOYETTE ROAD.
521
City-State-Zip: RIVERVIEW FL 33569

Title EXECUTIVE DIRECTOR
Name ALEGRIA, MICHAEL
Address 7363 SPRING HAVEN DR
City-State-Zip: NORTH PORT FL 34287

Title PRESIDENT
Name SWANSON, TIMOTHY
Address 2833 ARUGULA DRIVE
City-State-Zip: NORTH PORT FL 34289

Title TRUSTEE
Name ELWOOD, DEBORAH
Address 2885 EGRET COURT
City-State-Zip: NORTH PORT FL 34287

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL ALEGRIA

EXECUTIVE DIRECTOR

04/17/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TRUSTEE
Name SCHNEIDER, JOANNE
Address P.O. BOX 6793
City-State-Zip: NORTH PORT FL 34290

Title TRUSTEE
Name ALDRICH, JODY
Address 1008 GONDOLA DR. EAST
City-State-Zip: VENICE FL 34293