

**2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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

04/15/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title TRUSTEE
Name WEEKS, LOIS
Address 1378 VERMEER DRIVE
City-State-Zip: NOKOMIS FL 34275

Title PRESIDENT
Name KARPATY, KATHLEEN
Address 7013 WOODSIDE OAKS CIRCLE
City-State-Zip: SARASOTA FL 34231

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

Title VP
Name OWENS, CHRIS
Address 2197 ROLLING ROAD
City-State-Zip: NORTH PORT FL 34288

Title TRUSTEE
Name GETTY, LORI
Address 6400 W PRICE BLVD
City-State-Zip: NORTH PORT FL 34286

Title TREASURER
Name TRAPP, KENNETH
Address 7013 WOODSIDE OAKS
City-State-Zip: SARASOTA FL 34231

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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

04/15/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TRUSTEE
Name BOGIE, ERIN
Address 1091 OHANA WAY
APT 206
City-State-Zip: NORTH PORT FL 34289

Title TRUSTEE
Name GARRITY, KATHY
Address 9367 HAWK NEST LANE
City-State-Zip: NORTH PORT FL 34287

Title TRUSTEE
Name MARREN, SHAWN
Address POX 102
City-State-Zip: ENGLEWOOD FL 34295