

2016 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 34291**Current Mailing Address:**6400 W PRICE BLVD
NORTH PORT, FL 34291 US**FEI Number:** 59-2454986**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BUXTON, DONALD F
5107 76TH STREET EAST
BRADENTON, FL 34203 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PRESIDENT
Name LOUKOTA, JOHN JR
Address 2651 DENICKE
City-State-Zip: NORTH PORT FL 34286

Title ARTISTIC DIRECTOR
Name ROMANSKI, ROBERT
Address 609 GREENBRIAR DR.
City-State-Zip: BRANDON FL 33511

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

Title SECRETARY
Name JORDAN, DONNA
Address 1078 ORTON STREET
City-State-Zip: PORT CHARLOTTE FL 33952

Title TREASURER
Name BUXTON, DONALD F
Address 5107 76 ST E
City-State-Zip: BRADENTON FL 34203

Title TRUSTEE
Name HAWKINS, LORRAINE
Address 2063 ELLERY ST
City-State-Zip: PORT CHARLOTTE FL 33952

Title TRUSTEE
Name BUXTON, FREDDA
Address 5107 76 STREET EAST
City-State-Zip: BREDENTON FL 34203

Title TRUSTEE
Name AARON, SUSAN
Address 121 MESTRE CT N
City-State-Zip: NOKOMIS FL 34275

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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: DONALD F BUXTON**TREASURER****05/13/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

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

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