

2020 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

05/01/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

Title TREASURER
Name MIRANDA, GINGER
Address 2453 ARUGULA DRIVE
City-State-Zip: NORTH PORT FL 34289

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

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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**

05/01/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TRUSTEE
Name KOEHLER, CAROL
Address 5224 HIGHBURY CIRCLE
City-State-Zip: SARASOTA FL 34238

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

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