

**2018 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:**6400 W PRICE BLVD  
NORTH PORT, FL 34286 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 VP  
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 SECRETARY  
Name WITHERS, JUNE  
Address 904 GROVELAND AVENUE  
City-State-Zip: VENICE FL 34285

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

Title TRUSTEE  
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 TREASURER  
Name ALEGRIA, MICHAEL  
Address 4864 SOUTH CRANBERRY BLVD  
City-State-Zip: NORTH PORT FL 34286

Title TRUSTEE  
Name BROZENEK, GREG  
Address 22262 PEACHLAND BLVD  
City-State-Zip: PORT CHARLOTTE FL 33954

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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****TRUSTEE****03/11/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title TRUSTEE  
Name BOYD, VICTOR  
Address 5325 CILLETTE AVENUE  
City-State-Zip: NORTH PORT FL 34288

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