

**2022 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

04/30/2022

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 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

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

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

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

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

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

**Continues on page 2**

*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

04/30/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title TRUSTEE  
Name BRENNSTUHL, LAURIE  
Address 6814 GRAND ESTUARY TRAIL  
UNIT 104  
City-State-Zip: BRADENTON FL 34212

Title VP  
Name KARPATHY, KATHLEEN  
Address 7242 BOUNTY DR.  
City-State-Zip: SARASOTA FL 34231