


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90034 002 ****61.25

DOCUMENT # 706943		
1. Entity Name WEST COAST SQUARE AND ROUND DANCERS ASSOCIATION, INC.		

Principal Place of Business 760 PLEASANT VIEW DR AUBURNDALE, FL 33823	Mailing Address 760 PLEASANT VIEW DR AUBURNDALE, FL 33823
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2. Principal Place of Business Penny Green Suite, Apt., etc. 225 Meadow Vue Lane City & State Auburndale, FL Zip 33823	3. Mailing Address Penny Green Suite, Apt., etc. 225 Meadow Vue Lane City & State Auburndale, FL Zip 33823
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01192005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2145982	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DENT, JANE F 4010 MANGO AVE TAMPA, FL 33616	7. Name and Address of New Registered Agent Name Penny Green Street Address (P.O. Box Number is Not Acceptable) 225 Meadow Vue Lane City Auburndale FL Zip Code 33823
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Penny Green Penny J. Green DATE 2-14-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIOCUM, DON 675 BEARCREEK DR BARTOW, FL 33830 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Smith, Fred 760 Pleasantview Dr. Auburndale, FL 33823 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DENT, JANE F 4010 MANGO AVE TAMPA, FL 33616 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Anderson, Sonny & Molly 1414 Ingram Dr. Sun City Center, FL 33573 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PENNY, GREEN 225 MEADOW VUE LANE AUBURNDALE, FL 33823 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Pfeffer, Shirley 1570 Bayshore Blvd. Dunedin, FL 34698 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, FRED 760 PLEASANTVIEW DR AUBURNDALE, FL 33823 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Green, Penny 225 Meadow Vue Lane Auburndale, FL 33823 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Fred Smith Fred Smith DATE 2-14-05 DAYTIME PHONE # 863-668-9128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR