FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 755937

1. Corporation Name

(0)

SOUTHEAST FLORIDA SQUARE AND ROUND DANCE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

10186 PENZANCE LANE ROYAL PALM BEACH FL 33411 10186 PENZANCE LANE ROYAL PALM BEACH FL 33411



				3. Date Incorporated or Qualified 01/16/1981	3a. Date of Last Report 02/13/1995	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 270	CAPE COD CIRCLE	26 270 CAPE C	OD CIRCLE	59-2055732	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.]	S8.75 Additional	
22 F.		27 🐧		Certificate of Status Desired	Fee Required	
City & State City & State			6. Election Campaign Financing	\$5.00 May Be		
23 LAKE	WORTH FL	28 LAKE WORTH	FL	Trust Fund Contribution	Added to Fees	
Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032,						
24 33467-2645 25 PALM BEACH 29 33467-2645 30 PALM BEACH Florida Statutes						
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
			81 Name	2 1 1121112		
MCKENZIE. CAROLE D.			FRANK TROTT 82 Street Address (P.O. Box Number is Not Acceptable)			
10186 PENZANCE LANE			270 CAPE COD CIRCLE #A			
ROYAL PALM BEACH FL 33441						
			- 1 - 0:			
84 City LAKE WO				S MODMY	FL 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.						
SIGNATURE FRANK 'CRO'T' Signature, typod or printer name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renistating) DATE DATE						
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	DERS AND DIRECTORS IN 12	
TITLE	PD	∑ DELETE	1.1 TITLE	DD GG	Change Addition	
NAME	HOCKMAN, STANLEY	,	1.2 NAME	FRANK TROTT		
STREET ADDRESS 200 OCEAN TRAIL WAY APT 105			1.3 STREET ADDRESS	270 CAPE COD CIRCI	TD 443	
CITY-S1-ZIP JUPITER FL.		1.4 CITY-ST-ZIP				
TITLE	VD	⊈ DELETE	2.1 TITLE		Change Addition	
NAME	TROTT, FRANK	\mathcal{T}	2.2 NAME	VD		
STREET ADDRESS	270 A CAPE COD CIR		23 STREET ADDRESS	FRED CHATOS		
CITY - ST - ZIP	LAKE PARK FL		2 4 CITY-ST-ZIP	6111 15th COURT SC		
TITLE	SD	∑ DELETE	31 TITLE	WEST PALM BEACH FI	33415 A.Change Addition	
NAME	CHATOS, FRED	P ^{oliti}	3.2 NAME	SD RAY HUDDLESTON	Acutalian Distriction	
STREET ADDRESS	6111 15TH CT SO		3.3 STREET ADDRESS	4907 NW 44 AVE		
	W PALM BCH FL				2515	
CITY-ST-ZIP TITLE	TD	DELETE	3.4. CHY-ST-ZIP 4.1 TITLE	TAMARAC FL 33319-	-3/1/ Change Addition	
NAME	BONURA, PAT	yapate it	4. 2 NAME			
1	10461 SW 47 ST					
STREET ADDRESS	MIAM! FL		4.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	PD	⊠ DELETE	4.4 CITY-ST-ZIP 51 TITLE		Change	
	HOCKMAN, JERRI	Detection		PD	Cusude [1] yaqqıqını	
NAME	200 OCEAN TRAIL WAY		5.2 NAME	ADA TROTT	T) #.3	
STREET ADDRESS	JUPITER FL		5.3 STREET ADDRESS	270 CAPE COD CIRCL		
CITY-ST-ZIP	VD VD	EX DCITTE	5.4 CITY-ST-ZIP	LAKE WORTH FL 334		
TITLE	12	⊠ DELETE	6.1 TITLE	VD	Change 🔲 Addition	
NAME	TROTT, ADA		6.2 NAME	CAROLYN CHATOS		
STREET ADDRESS	270 A CAPE COD CIR		63 STREET ADDRESS	6111 15th COURT	224.5	
CITY-ST-ZIP	LAKE WORTH FL		6.4 CITY - ST - ZIP	WEST PALM FEACH FL		
I 14. I do hereb	v certify that the information supplied wi	th this filing is voluntarily furnishe	or and does not oual	lify for the exemption stated in Section 119.0	7(3)(k) Florida Statutes I further	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)kl, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

INDUSTRIAL TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-96 407-465-5584

CR2E037 (12/95