

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-16-2005 90043 049 \*\*\*\*61.25

**DOCUMENT # N41170**

1. Entity Name

**BOCA BALLET THEATRE COMPANY**



Principal Place of Business

**7630 NW 6TH AVENUE  
BOCA RATON FL 33487  
US**

Mailing Address

**7630 NW 6TH AVENUE  
BOCA RATON FL 33487  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAGDASARIAN, RICHARD C ESQ.  
1800 CORPORATE BLVD. N.W.  
SUITE 302  
BOCA RATON FL 33431**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 **Richard C. Bagdasarian, Esq.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete  
NAME **HEATHCOTT, CHRIS**  
STREET ADDRESS **4305 NW 24TH WAY**  
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **V** ☐ Change ☒ Addition  
NAME **Stevens, Stott**  
STREET ADDRESS **2620 NW 42nd Street**  
CITY-ST-ZIP **Boca Raton, FL 33434**

TITLE **VPD** ☐ Delete  
NAME **SMITH, SETON**  
STREET ADDRESS **1398 S.W. 19TH ST.**  
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **D** ☒ Change ☐ Addition  
NAME **Smith, Seton**  
STREET ADDRESS **1398 S.W. 19th Street**  
CITY-ST-ZIP **Boca Raton, FL 33486**

TITLE **D** ☐ Delete  
NAME **MARMOR, SETH**  
STREET ADDRESS **100 WEST CYPRESS CREEK ROAD**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE **DS** ☒ Change ☐ Addition  
NAME **Marmor, Seth**  
STREET ADDRESS **100 West Cypress Creek Road**  
CITY-ST-ZIP **Fort Lauderdale, FL 33309**

TITLE **D** ☐ Delete  
NAME **KETTERING, SUSAN**  
STREET ADDRESS **318 SOUTHVIEW ROAD**  
CITY-ST-ZIP **DAYTON OH 45419**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VPD** ☐ Delete  
NAME **CHEN, JOYCE**  
STREET ADDRESS **17120 NEWPORT CLUB DR**  
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☒ Delete  
NAME **CASCIO, RICHARD**  
STREET ADDRESS **22462 ENSENADA WAY**  
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **CP** ☒ Change ☐ Addition  
NAME **Michael Olsher, Ph.D**  
STREET ADDRESS **The Olsher Group**  
CITY-ST-ZIP **2700 N. Military Trail, #210  
Boca Raton, FL 33431**

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:

**Dan Guin**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/05

Date

561-995-0709

Daytime Phone #

**50016202**



1st MOORE

CR2E037 (10/04)

65-0238234

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required