

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755937

Entity Name: SOUTHEAST FLORIDA SQUARE AND ROUND DANCE ASSOCIATION, INC.**Current Principal Place of Business:**3363 ROSTAN LANE
PALM SPRINGS, FL 33461**Current Mailing Address:**3363 ROSTAN LANE
PALM SPRINGS, FL 33461 US**FEI Number:** 59-2055732**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THARP, CHARLES
3363 ROSTAN LANE
PALM SPRINGS, FL 33461 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:** CHARLES THARP

03/15/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|------------------------|
| Title | PRESIDENT |
| Name | WALTZ, CATHY |
| Address | 3201 NW 1ST DRIVE |
| City-State-Zip: | POMPANO BEACH FL 33064 |

| | |
|-----------------|-------------------------|
| Title | VP, HOSPITALITY |
| Name | ZUKERMAN, LARRY |
| Address | 2809 CENTER COURT DRIVE |
| City-State-Zip: | WESTON FL 33332 |

| | |
|-----------------|------------------------|
| Title | VP, INSURANCE |
| Name | DODES, BOB |
| Address | 7402 KEA LANI DRIVE |
| City-State-Zip: | BOYNTON BEACH FL 33437 |

| | |
|-----------------|-----------------------|
| Title | TREASURER |
| Name | THARP, CHARLES |
| Address | 3363 ROSTAN LANE |
| City-State-Zip: | PALM SPRINGS FL 33461 |

| | |
|-----------------|------------------------|
| Title | MEMBERSHIP CHAIRPERSON |
| Name | DEWITT, DAWN |
| Address | 3363 ROSTAN LANE |
| City-State-Zip: | PALM SPRINGS FL 33461 |

| | |
|-----------------|------------------------|
| Title | SECRETARY |
| Name | WALTZ, JERRY |
| Address | 3021 NW 1ST DRIVE |
| City-State-Zip: | POMPANO BEACH FL 33064 |

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: CHARLES THARP**TREASURER**

03/15/2024

Electronic Signature of Signing Officer/Director Detail

Date