

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N12000003367

**Entity Name:** THE SARASOTA CUBAN BALLET SCHOOL, INC.

**Current Principal Place of Business:**

4740 CATTLEMEN ROAD  
SARASOTA, FL 34233

**Current Mailing Address:**

4740 CATTLEMEN ROAD  
SARASOTA, FL 34233 US

**FEI Number:** 45-5074780

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

HERNANDEZ, WILMIAN  
5899 IMBE STREET  
NORTH PORT, FL 34286 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:** WILMIAN HERNANDEZ

09/01/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title ARTISTIC DIRECTOR, BOD EX OFFICIO

Name SERRANO, ARIEL

Address 5899 IMBE STREET

City-State-Zip: NORTH PORT FL 34286

Title MANAGING DIRECTOR, BOD EX OFFICIO

Name HERNANDEZ, WILMIAN

Address 5899 IMBE STREET

City-State-Zip: NORTH PORT FL 34286

Title BOD VC

Name VITALE, CLOLITA M

Address 13802 SWIFTWATER WAY

City-State-Zip: LAKEWOOD RANCH FL 34211-4083

Title BOD TREASURER

Name KRETZMER, PETER

Address 1700 BENJAMIN FRANKLIN DR #PHG

City-State-Zip: SARASOTA FL 34236

Title BOD

Name ROMINE, TERRY

Address 6211 TIMBERLAKE DR B-2

City-State-Zip: SARASOTA FL 34243

Title BOD

Name SERVIAN, MARY ANNE

Address 14809 17TH AVENUE EAST

City-State-Zip: BRADENTON FL 34212

Title BOD CHAIRMAN

Name SHELTON, MICHAEL J

Address 1254 MAY LANE

City-State-Zip: SARASOTA FL 34236

Title BOD

Name SIMON, JOHN

Address 14809 17TH AVENUE EAST

City-State-Zip: BRADENTON FL 34212

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*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:** WILMIAN HERNANDEZ

**DIRECTOR**

09/01/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title BOD EMERITUS  
Name KESTEN, LEONARD  
Address 4150 UNIVERSITY PKWY  
UNIT 204  
City-State-Zip: SARASOTA FL 34243

Title BOD  
Name MARRACCINI, MICHAEL  
Address 358 MONTGOMERY AVE.  
City-State-Zip: SARASOTA FL 34243

Title BOD SECRETARY  
Name ROMINE, SUSAN G  
Address 6211 TIMBERLAKE DR  
B-2  
City-State-Zip: SARASOTA FL 34243

Title ADMINISTRATIVE DIRECTOR  
Name WORTH , BARBARA  
Address 3354 MAYFLOWER ST  
City-State-Zip: SARAOSTA FL 34231