

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729769

FILED  
Apr 26, 2007  
Secretary of State

Entity Name: BALLET FLORIDA, INC.

**Current Principal Place of Business:**

500 FERN STREET  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

500 FERN STREET  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

FEI Number: 23-7384346

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

BUCHECK, JOSEPH J. JR.  
1181 PINE POINT  
SINGER ISLAND, FL 33404 US

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

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: DRAIME, MAX  
Address: ONE GOLFVIEW DR.  
City-St-Zip: PALM BEACH, FL 33480

Title: P ( ) Delete  
Name: BECKER, CHARLES E  
Address: 5755 NEW KING DRIVE  
City-St-Zip: TROY, MI 48098

Title: C ( ) Delete  
Name: VESELSKY, J. DAVID JR  
Address: 595 NORTH LAKE WAY  
City-St-Zip: PALM BEACH, FL 33480

Title: D ( ) Delete  
Name: HALE, MARIE,  
Address: 5200 N DIXIE 1501  
City-St-Zip: W. PALM BEACH, FL

Title: P ( ) Delete  
Name: FRIEDMAN, CYNTHIA  
Address: 300 SEMINOLE AVE, APT. 2A  
City-St-Zip: PALM BEACH, FL 33480

Title: D ( ) Delete  
Name: GOODWIN, TOM  
Address: 115 VINTAGE ISLE LANE  
City-St-Zip: PALM BEACH GARDENS,, FL 33418

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: S (X) Change ( ) Addition  
Name: SANDALL, EDWARD W MD  
Address: 5200 NO. FLAGLER DRIVE # 1501  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SYBIL SHAW

ACCT

04/26/2007

Electronic Signature of Signing Officer or Director

Date