

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729769

FILED
Apr 20, 2009
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 ()

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: SANDALL, EDWARD W MD
Address: 5200 NO. FLAGLER DRIVE # 1501
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Delete
Name: DRAIME, CIL
Address: ONE GOLFWIEW DRIVE
City-St-Zip: PALM BEACH, FL 33480

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: D () Delete
Name: COOPER, MARGARET
Address: 505 SOUTH FLAFLER DRIVE, SUITE 100
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: ESCALANTE, JUAN J
Address: 1035 NE 122 STREET
City-St-Zip: NORTH MIAMI, FL 33161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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
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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: JUAN J. ESCALANTE

D

04/20/2009

Electronic Signature of Signing Officer or Director

Date