FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 18 PM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 756702 (7)

1. Corporation Name

FLORIDA ASSOCIATION OF SINGLE SQUARE AND ROUND D ANCERS, INC.

Principal Place of Business	Mailing Address
179 LAS PALMAS BLVD. N. FT. MYERS FL 33903 US	179 LAS PALMAS BLVD. N. FT. MYERS FL 33903 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/11/1981
3a. Date of Last Report: 03/29/1994
4. FEI Number: 59-2102302 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 15840 - S.R.50	26 15840 - S.R.50
Suite, Apt. #, etc. 22 ~~15840~~ 188	Suite, Apt. #, etc. 27 188
City & State 23 Clermont FLA	City & State 28 Clermont FL
Zip / Country 24 34711 / 25 US	Zip / Country 29 34711 / 30 US

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KOZUSKO, ANNA J. 179 LAS PALMAS BLVD. N. FT. MYERS FL 33903	81 Name: Landwehr, Beverly J 82 Street Address (P.O. Box Number is Not Acceptable): 15840 - 188 S.R.50 83: Clermont 84 City: Florida FL 85 Zip Code: 34711

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Beverly Landwehr — 4-2-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	President/Dir	☑ Change ☐ Addition
NAME	CHUCK, JOHNSON	1.2 NAME	Brownell, Tony	
STREET ADDRESS	3422 N. ORANGE BLOSSOM TRAIL	1.3 STREET ADDRESS	1233 Sunflower Trail	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando FL 32828	
TITLE	DT	2.1 TITLE	Treasurer/Dir	☑ Change ☐ Addition
NAME	KOZUSKO, ANNA	2.2 NAME	Landwehr, Beverly	
STREET ADDRESS	179 LAS PALMAS BLVD.	2.3 STREET ADDRESS	15840 - 188 S.R. 50	
CITY-ST-ZIP	N. FT. MYERS FL	2.4 CITY-ST-ZIP	Clermont, FL 34711	
TITLE	DVP	3.1 TITLE		☐ Change ☐ Addition
NAME	BUESCHER, PAMELA	3.2 NAME		
STREET ADDRESS	107 LEA AVE.	3.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL	3.4 CITY-ST-ZIP		
TITLE	DS	4.1 TITLE		☐ Change ☐ Addition
NAME	PELZ, MARY L	4.2 NAME		
STREET ADDRESS	4815 SOUTHLAND DRIVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Beverly Landwehr — 4-2-95 — 407-877-8677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Beverly Landwehr

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