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Mar 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northrup</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **756702** (7)

1. Corporation Name

**FLORIDA ASSOCIATION OF SINGLE SQUARE AND ROUND DANCERS, INC.**

Principal Place of Business

Mailing Address

**15840-188 S.R. 50  
CLERMONT FL 34711  
US**

**15840-188 S.R. 50  
CLERMONT FL 34711  
US**



3. Date Incorporated or Qualified

**03/11/1981**

4. FEI Number

**59-2102302**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LANDWEHR, BEVERLY J  
15840-188 SR 50  
CLERMONT FL 34711**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85**

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Beverly J Landwehr*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-6-98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DVP** ☐ DELETE  
NAME **PFLUG, PATRICIA**  
STREET ADDRESS **121 THORNBERRY DR**  
CITY-ST-ZIP **CASSELBERRY FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME **DVP**  
1.3 STREET ADDRESS **Landwehr, Beverly**  
1.4 CITY-ST-ZIP **15840-188 S.R. 50  
CLERMONT, FL**

TITLE **TDPD** ☐ DELETE  
NAME **LANDWEHR, BEVERLY**  
STREET ADDRESS **15840-188 SR 50**  
CITY-ST-ZIP **CLERMONT FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME **TDPD**  
2.3 STREET ADDRESS **PFLUG, Patricia**  
2.4 CITY-ST-ZIP **121 Thornberry Dr  
Casselberry, FL**

TITLE **DS** ☐ DELETE  
NAME **WOODS, JANE**  
STREET ADDRESS **4509-70 ST N**  
CITY-ST-ZIP **ST PETERSBURG FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME **TD**  
3.3 STREET ADDRESS **Duncan, Don**  
3.4 CITY-ST-ZIP **16208 CR 455 N.  
Montverde, FL**

TITLE ☐ DELETE  
NAME **DS LaRose, Dorothy**  
STREET ADDRESS **6422 Nature Preserve Ln**  
CITY-ST-ZIP **Spring Hill, FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME **DS LaRose, Dorothy**  
4.3 STREET ADDRESS **6422 Nature Preserve Ln**  
4.4 CITY-ST-ZIP **Spring Hill, FL**

TITLE ☐ DELETE  
NAME **DS LaRose, Dorothy**  
STREET ADDRESS **6422 Nature Preserve Ln**  
CITY-ST-ZIP **Spring Hill, FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME **DS LaRose, Dorothy**  
5.3 STREET ADDRESS **6422 Nature Preserve Ln**  
5.4 CITY-ST-ZIP **Spring Hill, FL**

TITLE ☐ DELETE  
NAME **DS LaRose, Dorothy**  
STREET ADDRESS **6422 Nature Preserve Ln**  
CITY-ST-ZIP **Spring Hill, FL**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME **DS LaRose, Dorothy**  
6.3 STREET ADDRESS **6422 Nature Preserve Ln**  
6.4 CITY-ST-ZIP **Spring Hill, FL**

14. I hereby certify that the information supplied with this filing 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 J Landwehr*

**2-6-98**

CR2E037 (10/97)