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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 756702

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

572385 - 90013 - 39

Principal Place of Business	Mailing Address
15840-188 S.R. 50 CLERMONT FL 34711 US	15840-188 S.R. 50 CLERMONT FL 34711 US

2. Principal Place of Business 21 448 E Hillcrest St Suite, Apt. #, etc. 22 Altamonte Springs FL City & State 23 32701 Zip 24 Country 25	2a. Mailing Address 26 448 E Hillcrest St Suite, Apt. #, etc. 27 City & State 28 Altamonte Springs FL Zip 29 32701 Country 30	3. Date Incorporated or Qualified 03/11/1981 4. FEI Number 59-2102302 ☐ Applied For ☐ Not Applicable 5. Certificate of Status Desired ☐ $8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: Elliott, Louise
82 Street Address (P.O. Box Number is Not Acceptable): 448 E Hillcrest St
83
84 City: Altamonte Springs FL 85 Zip Code: 32701

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: Louise Elliott DATE: 5/21/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVP	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	LANDWEHR, BEVERLY		1.2 NAME	Elliott, Louise	
STREET ADDRESS	15840-188 S.R. 50		1.3 STREET ADDRESS	448 E Hillcrest St	
CITY-ST-ZIP	CLERMONT FL		1.4 CITY-ST-ZIP	Altamonte Springs FL 32701	
TITLE	PD	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	PFLUG, PATRICIA		2.2 NAME	PFLUG, PATRICIA	
STREET ADDRESS	121 THORNBERRY DR		2.3 STREET ADDRESS	121 THORNBERRY DR	
CITY-ST-ZIP	CASSELBERRY FL		2.4 CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE	TD	☒ DELETE	3.1 TITLE	TD	☐ Change ☒ Addition
NAME	DUNCAN, DON		3.2 NAME	Avery, Deborah	
STREET ADDRESS	16208 CR 455 N		3.3 STREET ADDRESS	5711 Longboat Blvd E	
CITY-ST-ZIP	MONTVERDE FL		3.4 CITY-ST-ZIP	Tampa FL 33615	
TITLE	DS	☒ DELETE	4.1 TITLE	[redacted] SD	☐ Change ☒ Addition
NAME	LAROSE, DOROTHY		4.2 NAME	Loper, Marie	
STREET ADDRESS	6422 NATURE PRESERVE LN		4.3 STREET ADDRESS	2133 Lake Margaret Dr	
CITY-ST-ZIP	SPRINGHILL FL		4.4 CITY-ST-ZIP	Orlando, FL 32806	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Deborah E Avery 4/17/99 407-831-1513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #