FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 770350

(7)

THE RIDGE ROLLAWAYS SQUARE AND ROUND DANCE CLUB, INC.

INC.								
Principal Place of	of Business	Mailing Address			I MOTENI DEGLE MOTEN CINEL BAND	BBit BIBIT BIBIT BIBIT BIBIT	BIRTE BYBIT 18 BI	
*O/O DILLON: WILLIAM: R 2005 HARTT-ROAD SEBRING-TE-3000		G/O DILLON WILLIAM R- 2835 HARTH ROHD BEDRING FL 83870 US			- 16.0 M - 11.0 M - 1			
₩6				3. Date incorporated or Qualified 09/22/1983	d 3a. Date of Last Report 02/28/1995			
2. Principal Plac		2a. Mailing Address			4. FEI Number	—	Applied For	
	aule, Robert C.	26 c/o Paule,			59-6593044		Not Applicable	
Suite, Apl. # 4802	Lake Haven Blvd.	Suite Apt. #, etc. 4802 Lake H	laven	Blvd	S. Certificate of Status Desired	1 1 7 7	Additional Required	
City & State Sebr	ing, FL	City & State Sebring, FL	,		Election Campaign Financing Trust Fund Contribution		00 May Be ad to Fees	
Zip 338	72 Country S.A.	Zip 33872	Country	U.S.	8. This corporation has liability for Florida Statutes	intangible tax under s	. 199.032,	
9. Name and Address of Current Registered Agent					10. Name and Address of New F	10. Name and Address of New Registered Agent		
81 Nameste					errett, Lee			
DILLON, WILLIAM R			82	Street Ac	Address (P.O. Box Number is Not Acceptable) 516 Theon Avenue			
2635 HAR			83		10 Illeon Avenue			
SEBRING	FL 33870			ļ <u>.</u>		12-1.2	- 0	
			84	Se	bring		33870	
11 Descript to the good signs of Sections 617 0502 and 617 1508. Floride Statutes, the above named compration submits this statement for the purpose of changing its registered of								
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 SIL SILMESS								
12.	Signafüre typed or printed hame of registered agent an OFFICERS AND		13.	ant algustore redi	ADDITIONS/CHANGES TO OFF		ORS IN 12	
TITLE	PD	DELETE	1.1 TITLE		PD	Change	☐ Addition	
NAME	DILLON, WILLIAM R	``	1.2 NAME		Sterrett, Lee			
STREET ADORESS	2635 HARTT ROAD		1.3 STREE	T ADDRESS	1516 Theon Ave. Sebring, FL 3387	^		
CITY - ST - ZIP	SEBRING FL		14 C(TY-		Sebring, FL 3387	KK hange	Addition	
TIILE	VD	DELETE	2 1 TITLE	1	Bagetis, James	€rikeusuås	☐ Addition	
NAME	SHERRETT, LEE		2 2 NAME		4343 Schumacher R	a 198 W	ŀ	
STREET ADDRESS	1516 THEON AVENUE			T ADDRESS	Sebring, FL 3387			
C-TY-ST-7-P	SEBRING FL T	FING PL 2.4		-ST-ZIP	Bearing, 12 330:	Change	Addition	
TITLE NAME	PAULE, ROBERT C	Претеле	3 2 NAME				_	
STREET ADDRESS	4802 LAKE HAVEN BLVD			T ADDRESS				
CITY-S1-ZIP	SEBRING FL		3.4. CITY					
TITLE	S	DELETE	4.1 TITLE			Change	☐ Addition	
NAME	PAULE, JOAN		4. 2 NAMI	E				
STREET ADDRESS	4802 LAKE HAVEN BLVD		4 3 STREE	ET ADDRESS				
CITY-S1-ZIP	SEBRING FL		44 CITY-				C Addition	
TiTLE	D	DELETE	51 TITLE		D Dhiling Brian	Change	Addition Addition	
NAME	HAMMOND, ROSIE		5.2 NAME		Philips, Brian	+		
STREFT ADDRESS	2311 PINEWOOD BLVD			ET ADDRESS	5036 Barnum Stree Sebring, FL 3387		İ	
CITY-ST-ZIP	SEBRING FL	DELETE	5.4 CITY - 6 1 TITLE		D	Change	Addition	
1)TLE	d Bryer, jo	A DELLET	6.2 NAME	1	Kresge, Wilson	J	_	
NAME expect Apopese			•	ET ADDRESS	249 Lemon Road, N	.W.		
STREET ADORESS	30 VIRGINIA PLACE SEBRING FL		6.4 CITY	I .	Lake Placid, FL			
CITY-ST-ZIP	v certify that the information supplied w	ith this filing is voluntarily furnish	ed and do	es not quali	y for the exemption stated in Section 119	9.07(3)(k), Florida Stati	utes. I further	

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)(k), Fiorida 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, Fiorida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Describe Proce I

SIGNATURE: ___

2-14-96 941-382-4225
Date Destine Phone |