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Feb 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 770350 (7)

1. Corporation Name

THE RIDGE ROLLAWAYS SQUARE AND ROUND DANCE CLUB,
INC.

Principal Place of Business

Mailing Address

C/O PAULE, ROBERT C
4802 LAKE HAVEN BLVD.
SEBRING FL 33872
US

C/O PAULE, ROBERT C.
4802 LAKE HAVEN BLVD.
SEBRING FL 33872-5632
US



3. Date Incorporated or Qualified
09/22/1983

3a. Date of Last Report
02/21/1996

2. Principal Place of Business

21 % JAMES H. MESSER

Suite, Apt. #, etc.

22 4344 DUFFER LOOP

City & State

23 SEBRING, FL.

Zip

24 33872

Country

25 HIGHLANDS

2a. Mailing Address

26 % JAMES H. MESSER

Suite, Apt. #, etc.

27 4344 DUFFER LOOP

City & State

28 SEBRING, FL.

Zip

29 33872

Country

30 HIGHLANDS

4. FEI Number

59-6593044

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

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

STERRETT, LEE
1516 THEON AVENUE
SEBRING FL 33870

81 Name

ROBERT ROBERTSON

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

3241 SAN FRANCISCO LANE

83

84 City

SEBRING

FL

85 Zip Code

33870

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

(NOTE: Registered Agent signature required when reinstating)

2-19-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME STERRET, LEE
STREET ADDRESS 1516 THEON AVENUE
CITY-ST-ZIP SEBRING FL

TITLE VD ☒ DELETE
NAME BAGETIS, JAMES
STREET ADDRESS 4343 SCHUMACHER ROAD, 198 W
CITY-ST-ZIP SEBRING FL

TITLE T ☒ DELETE
NAME PAULE, ROBERT C
STREET ADDRESS 4802 LAKE HAVEN BLVD
CITY-ST-ZIP SEBRING FL

TITLE S ☐ DELETE
NAME PAULE, JOAN
STREET ADDRESS 4802 LAKE HAVEN BLVD
CITY-ST-ZIP SEBRING FL

TITLE D ☒ DELETE
NAME PHILIPS, BRIAN
STREET ADDRESS 5036 BARNUM STREET
CITY-ST-ZIP SEBRING FL

TITLE D ☒ DELETE
NAME KRESGE, WILSON
STREET ADDRESS 249 LEMON ROAD, NW
CITY-ST-ZIP LAKE PLACID FL

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME ROBERT ROBERTSON
1.3 STREET ADDRESS 3241 SAN FRANCISCO LANE
1.4 CITY-ST-ZIP SEBRING, FL. 33870

2.1 TITLE VP/NORMA BUJNOWSKI ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 234 BALTIMORE WAY, N.E.
2.4 CITY-ST-ZIP LAKE PLACID, FL. 33852

3.1 TITLE T ☒ Change ☐ Addition
3.2 NAME JAMES H. MESSER
3.3 STREET ADDRESS 4344 DUFFER LOOP
3.4 CITY-ST-ZIP SEBRING, FL. 33872

4.1 TITLE S ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS (NO CHANGE)
4.4 CITY-ST-ZIP

5.1 TITLE D ☒ Change ☐ Addition
5.2 NAME LEE STERRET
5.3 STREET ADDRESS 1516 THEON AVE.
5.4 CITY-ST-ZIP SEBRING, FL. 33870

6.1 TITLE D ☒ Change ☐ Addition
6.2 NAME JEFF BENNET
6.3 STREET ADDRESS 2700 DUFFER ROAD
6.4 CITY-ST-ZIP SEBRING, FL. 33872

14. I do 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-97

Date

Daytime Phone # 0054410

CR2E037 (9/96)