

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 11, 1999 8:00 am  
Secretary of State

03-11-1999 90019 032 \*\*\*150.00

DOCUMENT # **L90642**

1. Corporation Name

**SWINGIN SINGLES & ASSOCIATES SQUARE DANCE CLUB,  
INC.**

Principal Place of Business

6871 SW 6TH ST  
PEMBROKE PINES FL 33023  
US

Mailing Address

6871 SW 6TH ST  
PEMBROKE PINES FL 33023  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/20/1990

4. FEI Number

65-0201178

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 1087 NW 88 Way  
Suite, Apt. #, etc.  
22 Plantation, FL  
City & State  
23 33322 Broward  
Zip Country

2a. Mailing Address

26 1087 NW 88 Way  
Suite, Apt. #, etc.  
27 Plantation, FL  
City & State  
28 33322 Broward  
Zip Country

9. Name and Address of Current Registered Agent

GIBEL, SARAH  
6871 SW 6TH ST  
PEMBROKE PINES FL 33023

10. Name and Address of New Registered Agent

81 Name

Pat Jones

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

1087 NW 88 Way  
Plantation

83

84 City

FL

85 Zip Code

33322

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

Pat Jones Pat Jones

(NOTE: Registered Agent signature required when reinstating)

3/4/99

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GIBEL, SARAH	
STREET ADDRESS	6871 SW 6TH ST	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MOON, FRANCES	
STREET ADDRESS	2839 NE 60 ST	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SPRING, DORI	
STREET ADDRESS	3731 N COUNTRY CLUB DR 721	
CITY-ST-ZIP	AVENTURA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	STRASSBERG, EMANUEL	
STREET ADDRESS	7891 SUNRISE LAKE DR. N.	
CITY-ST-ZIP	SUNRISE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Pat Jones	
1.3 STREET ADDRESS	1087 NW 88th Way	
1.4 CITY-ST-ZIP	Plantation, FL 33322	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 607, 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:

Pat Jones Pat Jones

2/21/99

954-452-2022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)