

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010750

FILED
May 04, 2006
Secretary of State

Entity Name: SOUTHEAST DANCE RETAILERS ASSOCIATION, INC.

Current Principal Place of Business:

2077 ALOMA AVENUE
WINTER PARK, FL 32782

New Principal Place of Business:

Current Mailing Address:

2077 ALOMA AVENUE
WINTER PARK, FL 32782

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MINICOZZI, ANTHONY
2077 ALOMA AVENUE
WINTER PARK, FL 32782 US

Name and Address of New Registered Agent:

DEMOTT, ROSEMARY
791 WEST MONTROSE ST
CLERMONT, FL 34711 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ROSEMARY DEMOTT

05/04/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MINICOZZI, ANTHONY
Address: 2077 ALOMA AVENUE
City-St-Zip: WINTER PARK, FL 32782

Title: D () Delete
Name: KOCZERSUT, BEVERLY
Address: 2635 MALL ROAD
City-St-Zip: SARASOTA, FL 34231

Title: D (X) Delete
Name: DEMOTT, ROSEMARY
Address: 2137 PARTIN SETTLEMENT RD
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DEMOTT, ROSEMARY
Address: 791 WEST MONTROSE ST
City-St-Zip: CLERMONT, FL 34711

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSEMARY DEMOTT

D

05/04/2006

Electronic Signature of Signing Officer or Director

Date