

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010750

FILED  
Apr 29, 2007  
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: 54-2186085

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

MINICOZZI, ANTHONY G  
2077 ALOMA AVE  
WINTER PARK, FL 32792 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: DARAH MITTAG

04/29/2007

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: DEMOTT, ROSEMARY  
Address: 791 WEST MONTROSE ST  
City-St-Zip: CLERMONT, FL 34711

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: T (X) Change ( ) Addition  
Name: MITTAG, DARAH  
Address: 2077 ALOMA AVE  
City-St-Zip: WINTER PARK, FL 32792

Title: O ( ) Change (X) Addition  
Name: SMITH, JACQUIE  
Address: 4221 NW 43RD ST  
City-St-Zip: GAINESVILLE, FL 32606

I hereby certify that the information supplied with this filing does not qualify 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: ANTHONY MINICOZZI

D

04/29/2007

Electronic Signature of Signing Officer or Director

Date