# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 06, 2008 8:00 am**
**Secretary of State**
02-06-2008 90025 046 ****70.00

DOCUMENT # N12911

1. Entity Name
THE ST. AUGUSTINE BALLROOM DANCE ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| P O BOX 3315<br>ST AUGUSTINE, FL 32085 | P O BOX 3315<br>ST AUGUSTINE, FL 32085 |

01162008 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 9 Ocean Trace Rd. | 9 Ocean Trace Rd. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: St. Augustine, Fl. | City & State: St. Augustine, Fl. |
| Zip: 32080 Country: USA | Zip: 32080 Country: USA |

4. FEI Number: 59-2353051 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| OLSON, WAYNE<br>9 OCEAN TRACE ROAD<br>SAINT AUGUSTINE, FL 32080 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Wayne Olson, Treasurer
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>DELORETTO, JOSEPH<br>413 SAN NICOLAS WAY<br>SAINT AUGUSTINE, FL 32080 | ☒ Delete | P Savati, Dennis<br>516 Salt Tide Way<br>St. Augustine, Fl. 32080 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>OLSON, WAYNE<br>9 OCEAN TRACE RD.<br>SAINT AUGUSTINE, FL 32080 | ☐ Delete | V Larimore, Dennis<br>2765 Hill Top Rd #9<br>St. Augustine, Fl. 32086 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PHILLIPS, FRANK<br>20 CONTERA DRIVE<br>SAINT AUGUSTINE, FL 32080 | ☒ Delete | T Olson, Wayne<br>9 Ocean Trace Rd.<br>St. Augustine, Fl. 32080 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>GREEN, MARY KAYE<br>4432 TIERRA VERDA POINT<br>ELKTON, FL 32033 | ☒ Delete | S Meeks, Marilyn<br>664 Andrew Avenue<br>St. Augustine, Fl. 32086 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CS<br>LEOUO, CATHERINE<br>109 WOODLAKE COURT<br>SAINT AUGUSTINE, FL 32080 | ☐ Delete | CS Leono, Catherine<br>109 Wood Lake Court<br>St. Augustine, Fl. 32080 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VS<br>SAVATI, DENNIS<br>516 SALT TIDE WAY<br>SAINT AUGUSTINE, FL 32080 | ☒ Delete | D Deloretto, Joseph<br>413 San Nicolas Way<br>St. Augustine, Fl. 32080 | ☒ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 2/3/08 904-461-6782
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #