

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30466

FILED  
Jan 26, 2009  
Secretary of State

**Entity Name:** DANCE MASTERS OF AMERICA, FLORIDA CHAPTER 2, INC.

**Current Principal Place of Business:**

3340 SE FEDERAL HWY  
#262  
STUART, FL 34997 US

**New Principal Place of Business:**

**Current Mailing Address:**

3340 SE FEDERAL HWY  
#262  
STUART, FL 34997 US

**New Mailing Address:**

**FEI Number:** 65-0064547

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BOUDREAU, ROBYN TREAS.  
3340 SE FEDERAL HWY  
#262  
STUART, FL 34997 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P.P. ( ) Delete  
Name: RYAN, ROBIN DAWN  
Address: 4417 S.E. 16TH PLACE  
City-St-Zip: CAPE CORAL, FL 33904 US

Title: TRES ( ) Delete  
Name: BOUDREAU, ROBYN  
Address: 3340 SE FEDERAL HWY #262  
City-St-Zip: STUART, FL 34997 US

Title: SEC. ( ) Delete  
Name: HENNESSY, DEBBIE  
Address: 9832 KENNETH LANE  
City-St-Zip: HUDSON, FL 34667 US

Title: PRES (X) Delete  
Name: DOWDELL, KAREN  
Address: 2162 CAUTHEN CREEK DRIVE  
City-St-Zip: MELBOURNE, FL 32935 US

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

Title: PRES (X) Change ( ) Addition  
Name: RYAN, ROBIN DAWN  
Address: 4417 S.E. 16TH PLACE  
City-St-Zip: CAPE CORAL, FL 33904 US

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

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

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

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: ROBYN BOUDREAU

TRES

01/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date