

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40897

FILED
Feb 03, 2009
Secretary of State

Entity Name: ILLUSION DANCE, INCORPORATED

Current Principal Place of Business:

9470 GRIFFIN ROAD
COOPER CITY, FL 33328

New Principal Place of Business:

Current Mailing Address:

9470 GRIFFIN ROAD
COOPER CITY, FL 33328

New Mailing Address:

FEI Number: 65-0238102

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALUMBO, STELLA
9470 GRIFFIN ROAD
COOPER CITY, FL 33328 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: PD () Delete
Name: PALUMBO, STELLA
Address: 9470 GRIFFIN RD
City-St-Zip: COOPER CITY, FL 33328

Title: S () Delete
Name: KANE, JUDY
Address: 10441 SW 18 ST
City-St-Zip: DAVIE, FL 33324

Title: D () Delete
Name: HEYSER, LESLI
Address: 10460 SW 20 ST
City-St-Zip: DAVIE, FL 33324

Title: D () Delete
Name: MIDDLETON, MAUREEN
Address: 1641 SW 105 LANE
City-St-Zip: DAVIE, FL 33324

Title: T () Delete
Name: CATALANO, TERESA
Address: 9470 GRIFFIN RD
City-St-Zip: COOPER CITY, FL 33328

Title: D () Delete
Name: DRAPER, DEBI
Address: 12042 NW 29TH ST
City-St-Zip: POMPANO BEACH, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: VELARDI, RONNIE
Address: 12864 SPRING LAKE DR
City-St-Zip: COOPER CITY, FL 33330

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: TERESA CATALANO

T

02/03/2009

Electronic Signature of Signing Officer or Director

Date