

FILE NOW: FILING FEE IS \$61.25

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Jun 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000000349 (8)**

1. Corporation Name

**BALLROOM DANCESPORT THEATER OF SOUTHWEST FLORIDA, INC.**

Principal Place of Business

Mailing Address

**1212 HILLVIEW DR  
SARASOTA FL 34239**

**1212 HILLVIEW DR  
SARASOTA FL 34239-2020**



2. Principal Place of Business	2a. Mailing Address
21 <b>1208 S. OSPREY AVE</b>	26 <b>P.O. BOX 4037</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 <b>SARASOTA FL</b>	28 <b>SARASOTA FL</b>
Zip	Zip
24 <b>34239</b>	29 <b>34230-4037</b>
Country	Country
25 <b>USA</b>	30 <b>USA</b>

3. Date Incorporated or Qualified <b>01/17/1996</b>	3a. Date of Last Report
4. FEI Number <b>65-0642837</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PILLOT, GENE  
1212 HILLVIEW DR  
SARASOTA FL 34239**

81 Name	<b>MARGARET BURNS</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>1208 S. OSPREY AVENUE</b>
83	<b>8</b>
84 City	<b>SARASOTA FL</b>
85 Zip Code	<b>34239</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **MARGARET BURNS** DATE **29 May 1997**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>PRESIDENT D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PILLOT, GENE</b>	1.2 NAME	<b>ANNE SUNDEEN</b>
STREET ADDRESS	<b>1212 HILLVIEW DR</b>	1.3 STREET ADDRESS	<b>2660 MOSS OAK DRIVE</b>
CITY-ST-ZIP	<b>SARASOTA FL 34239</b>	1.4 CITY-ST-ZIP	<b>SARASOTA, FL 34231</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>VICE PRESIDENT D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, ROBERT M</b>	2.2 NAME	<b>BARBARA DAY</b>
STREET ADDRESS	<b>27 S ORANGE AVE</b>	2.3 STREET ADDRESS	<b>83 TIDY ISLAND BLVD</b>
CITY-ST-ZIP	<b>SARASOTA FL 34238</b>	2.4 CITY-ST-ZIP	<b>BRADENTON, FL 34210</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>SECRETARY D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PILLOT, BEVERLY A</b>	3.2 NAME	<b>LUCY NICANDRI</b>
STREET ADDRESS	<b>1212 HILLVIEW DR</b>	3.3 STREET ADDRESS	<b>4473 MCINTOSH PARK DR. #813</b>
CITY-ST-ZIP	<b>SARASOTA FL 34239</b>	3.4 CITY-ST-ZIP	<b>SARASOTA, FL 34232</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS	<b>Ann Sundeen, Pres.</b>	6.3 STREET ADDRESS	<b>4/25/97 (941) 925-4899</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 treasurer or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE **Ann Sundeen, Pres.** DATE **1/25/97 (941) 925-4899**

CR2E037 (9/96)