

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N33627

**FILED**  
**Jan 10, 2015**  
**Secretary of State**  
**CC8873482189**

**Entity Name:** DANCEARTS FOUNDATION, INC.

**Current Principal Place of Business:**

5900 S.W. 84TH AVENUE  
MIAMI, FL 33143

**Current Mailing Address:**

5900 S.W. 84TH AVENUE  
MIAMI, FL 33143 US

**FEI Number:** 65-0139010

**Certificate of Status Desired:** No

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

SEIDEL, ANDREA MDR.  
5900 S.W. 84TH AVENUE  
MIAMI, FL 33143 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title S  
Name CAMEON, RANDI M  
Address 1900 SUNSET HARBOUR DR 1807  
City-State-Zip: MIAMI FL 33139

Title P  
Name MANSFIELD, TOBI  
Address 7966 SW 86 TERR  
City-State-Zip: MIAMI FL 33143

Title T  
Name LEWIS, DANIEL DR.  
Address 8901 S.W. 79 COURT  
City-State-Zip: MIAMI FL 33156

Title EX D  
Name SEIDEL, ANDREA M  
Address 5900 S.W. 84TH AVE.  
City-State-Zip: MIAMI FL 33143

Title M  
Name ANDERSON, BAMBI  
Address 578 N.E. 64 ST.  
APT. 3  
City-State-Zip: MIAMI FL 33138

*I hereby 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 all other like empowered.*

**SIGNATURE:** ANDREA MANTELL SEIDEL

**EXECUTIVE DIRECTOR**

**01/10/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date