

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 723823 (1)
 Corporation Name
SPANISH MAIN ASSOCIATION, INC.



Principal Place of Business 25 SUNFLOWER ST COCOA BEACH FL 32931-8262	Mailing Address 25 SUNFLOWER ST COCOA BEACH FL 32931-8262
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3. Date Incorporated or Qualified 07/06/1972		
4. FEI Number 59-1647414	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**BARBARA A BRODEUR
 10 SUNFLOWER 22
 COCOA BCH FL 32931**

10. Name and Address of New Registered Agent

B1 Name	Pete Davis
B2 Street Address (P.O. Box Number is Not Acceptable)	1980 A Atlantic Ave # 201
B3	
B4 City	Cocoa Beach FL
B5 Zip Code	32931

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 *Pete Davis* **Pete Davis** **Pete Davis** **4/17/98**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	PD
NAME	ROBERT YENNACO	1.2 NAME	Pete Murphy
STREET ADDRESS	5 SUNFLOWER 14	1.3 STREET ADDRESS	227 Cherry Down Ln
CITY-ST-ZIP	COCOA BCH FL	1.4 CITY-ST-ZIP	Cape Canaveral FL 32920
TITLE	D	2.1 TITLE	SD
NAME	MENKEN KATHLEEN	2.2 NAME	Ted Unkel
STREET ADDRESS	804 ENSANADA DR.	2.3 STREET ADDRESS	1 Sunflower St #12
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Cocoa Beach fl 32931
TITLE	PT	3.1 TITLE	DT
NAME	BIBY, CHARLES E.	3.2 NAME	Kathleen Menken
STREET ADDRESS	15 SUNFLOWER #40	3.3 STREET ADDRESS	804 Ensenada Dr
CITY-ST-ZIP	COCOA BCH, FL	3.4 CITY-ST-ZIP	Orlando FL
TITLE	VP	4.1 TITLE	
NAME	DOMINGUEZ, XAVIER A	4.2 NAME	
STREET ADDRESS	10 SUNFLOWER #17	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BCH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	KING CALVIN D	5.2 NAME	
STREET ADDRESS	1050 N. ARLANTIC # 605	5.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BCH, FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I 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 receiver 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 on an attachment with an address.

SIGNATURE: *Pete Murphy*

CP2E037 (10/97)