


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90996 004 ****61.25

DOCUMENT # 723823					
1. Entity Name SPANISH MAIN ASSOCIATION, INC.					
Principal Place of Business 25 SUNFLOWER ST COCOA BEACH, FL 32931-8262			Mailing Address 1980 N ATLANTIC AVE 701 COCOA BEACH, FL 32931		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1647414	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DAVIS, PETEY 1980 N ATLANTIC AVE SUITE 701 COCOA BCH, FL 32931				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMPSON, JERRY			NAME	
STREET ADDRESS	35 SUNFLOWER STREET			STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH, FL 32931			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	VPO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAVARRO, SAM			NAME	Navarro
STREET ADDRESS	1 SUNFLOWER ST 62			STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH, FL 32931			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, DON			NAME	
STREET ADDRESS	S SUNFLOWER D 24			STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH, FL 32931			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERCER, BILL			NAME	Mercer
STREET ADDRESS	5 SUNFLOWER ST #21			STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH, FL 32931			CITY-ST-ZIP	
TITLE	VTD	<input type="checkbox"/> Delete		TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANNING, JOSEPH			NAME	Fanning
STREET ADDRESS	35 SUNFLOWER ST #65			STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH, FL 32931			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME				NAME	Campbell, Bruce
STREET ADDRESS				STREET ADDRESS	407 Killarney Pass
CITY-ST-ZIP				CITY-ST-ZIP	Mundelein IL 60060
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Joseph B Fanning</u> <u>JOSEPH B FANNING</u> 4-20-04 321-264-9784 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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