


FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90048 018 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1647414	
Zip		Country		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
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, 2008		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	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NAVARRO, SAM		NAME		
STREET ADDRESS	1 SUNFLOWER ST 62		STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MERCER, BILL		NAME		
STREET ADDRESS	5 SUNFLOWER ST #21		STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FANNING, JOSEPH		NAME		
STREET ADDRESS	35 SUNFLOWER ST #65		STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAMPBELL, BRUCE		NAME		
STREET ADDRESS	407 KILLARNEY PASS		STREET ADDRESS		
CITY-ST-ZIP	MUNDELEIN, IL 60060		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Joseph B Fanning</i>		TREASURER <i>TREASURER</i>		3-21-08 321-764-9784	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
JOSEPH B FANNING					

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