


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90057 014 ****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 **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DAVIS, PETEY
1980 N ATLANTIC AVE
SUITE 701
COCOA BCH FL 32931**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DVP	<input type="checkbox"/> Delete
NAME	SIMPSON, JERRY	
STREET ADDRESS	35 SUNFLOWER STREET	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BLADES, CHRISTOPHER	
STREET ADDRESS	1 SUNFLOWER, #12	
CITY-ST-ZIP	COCOA BCH, FL 32931	
TITLE	DS	<input type="checkbox"/> Delete
NAME	NAVARRO, SAM	
STREET ADDRESS	1 SUNFLOWER ST 62	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NELSON, DON	
STREET ADDRESS	S SUNFLOWER D 24	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMPSON, JERRY	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Navarro, Sam	
STREET ADDRESS	1 Sunflower St # 62	
CITY-ST-ZIP	Cocoa Beach FL 32931	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mercer, Bill	
STREET ADDRESS	5 Sunflower St # 21	
CITY-ST-ZIP	Cocoa Beach FL 32931	
TITLE	VTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fanning, Joseph	
STREET ADDRESS	35 Sunflower St # 65	
CITY-ST-ZIP	Cocoa Beach FL 32931	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *(Signature)* **SIGNATURE REQUIRED** FANNING 4-15-03 321-784-2091

CR2E037 (10/02)