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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N22101 (2)
T. Corporation Name
SPANISH-AMERICAN CLUB OF CITRUS COUNTY, INC.



Principal Place of Business: 2342 S. RINGLEY TERRACE, INVERNESS FL 34452
Mailing Address: P.O. BOX 2591, INVERNESS FL 34452

3. Date Incorporated or Qualified: 08/17/1987 01-31-97

4. FEI Number: 59-2880238
Applied For: Not Applicable:

2. Principal Place of Business: 21
2a. Mailing Address: 26

5. Certificate of Status Desired: \$8.75 Additional Fee Required

Suite, Apt. #, etc.: 22

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

City & State: 23

7. Is this nonprofit corporation a homeowners association? Yes No

Zip: 24 Country: 25

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
CASTILLO, NILZA
2342 S. RINGLEY TERRACE
INVERNESS FL 34452

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	CASTILLO, NILZA	
STREET ADDRESS	2342 S. RINGLEY TERRACE	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BLASL, DIANA	
STREET ADDRESS	9589 S. BERKSHIRE AVENUE	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BELL, REYNA	
STREET ADDRESS	3199 N. TYRONE AVENUE	
CITY-ST-ZIP	HERNANDO FL 34452	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MARTINEZ, DORIS	
STREET ADDRESS	271 E. BUCKINGHAM DRIVE	
CITY-ST-ZIP	LECANTO FL 34461	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CALDERON, EMILIO	
STREET ADDRESS	6354 E. GENTRY ST.	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LUCENA, RALPH	
STREET ADDRESS	5548 W. OAKLAWN STREET	
CITY-ST-ZIP	HOMOSASSA FL 34446	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	VEFRAIN QUILES	
1.3 STREET ADDRESS	412 E. STRATFORD RD.	
1.4 CITY-ST-ZIP	LECANTO, FL 34461	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SANTA MCKENNA	
2.3 STREET ADDRESS	264 E REEHILL ST.	
2.4 CITY-ST-ZIP	LECANTO, FL 34461	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JAMES PEREZ	
3.3 STREET ADDRESS	8972 S. THOROUGHbred POINT	
3.4 CITY-ST-ZIP	INVERNESS, FL 34452	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CARMEN QUILES	
4.3 STREET ADDRESS	412 E. STRATFORD RD.	
4.4 CITY-ST-ZIP	LECANTO, FL 34461	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DTARA GARCIA	
5.3 STREET ADDRESS	409 NOLA ST.	
5.4 CITY-ST-ZIP	INVERNESS, FL 34452	
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: *Nilza Castillo* REQUIRED CASTILLO 1-21-98 (352) 726-7565

CR2E037 (10/97)