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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90019 042 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N22101**

1. 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
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2. Principal Place of Business 21 <b>412 E STRATFORD RD</b> 22 <b>LECANTO, FL</b> 23 <b>34461</b> <b>CISA</b>	2a. Mailing Address 26 <b>LECANTO, FL</b> 27 <b>LECANTO, FL</b> 28 <b>LECANTO, FL</b> 29 <b>CISA</b> <b>30</b>	3. Date Incorporated or Qualified <b>08/17/1987</b>	4. FEI Number <b>59-2880238</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		

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 **EFRAIN P. QUILES**  
 82 Street Address (P.O. Box Number is Not Acceptable) **412 E STRATFORD RD**  
 83 **LECANTO, FL**  
 84 City **FL** 85 Zip Code **34461**

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 *Efrain P. Quiles* **EFRAIN P. QUILES** DATE **Jan 31, 1999**

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CASTILLO, NILZA	
STREET ADDRESS	2342 S. RINGLEY TERRACE	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	QUILES, EFRAIN	
STREET ADDRESS	412 E STRATFORD RD	
CITY-ST-ZIP	LECANTO FL 34461	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MCKENNA, SANTA	
STREET ADDRESS	264 E REEHILL ST	
CITY-ST-ZIP	LECANTO FL 34461	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MARTINEZ, DORIS	
STREET ADDRESS	271 E. BUCKINGHAM DRIVE	
CITY-ST-ZIP	LECANTO FL 34461	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PEREZ, JAMES	
STREET ADDRESS	8972 S THOROUGHbred POINT	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	D	<input type="checkbox"/> DELETE
NAME	QUILES, CARMEN	
STREET ADDRESS	412 E STRATFORD RD	
CITY-ST-ZIP	LECANTO FL 34461	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	QUILES, EFRAIN	
1.3 STREET ADDRESS	412 E STRATFORD RD	
1.4 CITY-ST-ZIP	LECANTO, FL 34461	
2.1 TITLE	VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BRAVO, VICKI	
2.3 STREET ADDRESS	48 N CRYSTAL MEADOW PATH	
2.4 CITY-ST-ZIP	LECANTO FL 34461	
3.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CALDERON, EDDIE	
3.3 STREET ADDRESS	6476 MOBILE ST	
3.4 CITY-ST-ZIP	INVERNESS, FL 34452	
4.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DEJESUS, RUTH	
4.3 STREET ADDRESS	5905 W PINE CIRCLE	
4.4 CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	
5.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	GARCIA, TARA	
5.3 STREET ADDRESS	409 NOLA ST	
5.4 CITY-ST-ZIP	INVERNESS, FL 34452	
6.1 TITLE		<input type="checkbox"/> Change <input 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, with all other like empowered.

SIGNATURE: *Efrain P. Quiles* **EFRAIN P. QUILES** DATE **1/28/99** DAYTIME PHONE # **(352) 637-9001**

CR2E037 (1/98)