2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State
02-23-2006 90006 009 ****61.25

DOCUMENT # N49523

1. Entity Name
SPANISH AMERICAN CLUB, INC.

Principal Place of Business	Mailing Address
6070 SOUTH US #1 FORT PIERCE, FL 34982	P.O. BOX 9356 PORT ST. LUCIE, FL 34985

01132006 Chg-NP CR2E037 (11/05)

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 NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OSPINA, ENRIQUE 2041 SW BRADFORD PLACE PALM CITY, FL 34990	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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD OSPINA, ENRIQUE 2041 BRADFORD PLACE SW PALM CITY, FL 34990	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD RODRIGUEZ, BOBBY 2741 SW PIERSON RD PORT SAINT LUCIE, FL 34953	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MIREYA KAISER 274 SW DALTON CIRCLE PORT ST LUCIE FL 34953	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR ARMELL, GRAYDEN R 4904 NW FORLANO ST PORT SAINT LUCIE, FL 34983	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR RACHEL MEDINA 1717 SW WATERFALL BLVD PALM CITY, FL 34990	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CHIRIBOGA, DIEGO 2620 NW HATCHES HARBOR RD, # 15204 PORT SAINT LUCIE, FL 34983	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ISA BRYSON 734 SE ESSEX DR PORT ST LUCIE, FL 34984.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BARRAZA, NIDIA 1744 SW DIANA TERRACE STUART, FL 34997	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WILLIAM PRECIADO 171 SW SEA LION RD PORT ST LUCIE, FL 34953	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: ENRIQUE OSPINA 772-223-4919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #