

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2004 8:00 am
Secretary of State

02-13-2004 90001 037 ****70.00

DOCUMENT # N07373

1. Entity Name

**SPANISH AMERICAN CLUB OF SILVER SPRINGS
SHORES, INC.**



Principal Place of Business

**P O BOX 830104
OCALA FL 34483-0104**

Mailing Address

**P O BOX 830104
OCALA FL 34483-0104**

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

NO-T 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

**DRUET, CARLOS
461 SPRING LANE
OCALA FL 34472**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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 PD ☐ Delete
NAME DRUET, CARLOS
STREET ADDRESS 461 SPRING LANE
CITY-ST-ZIP Ocala FL 34472

TITLE VD ☒ Delete
NAME SCOTT, RICA
STREET ADDRESS 4 EMERALD WAY
CITY-ST-ZIP Ocala FL 34472

TITLE SD ☐ Delete
NAME ALMEIDA, VILMA
STREET ADDRESS P.O. BOX 594
CITY-ST-ZIP BELLEVIEW FL 34421

TITLE TD ☐ Delete
NAME ROSE, MORALES
STREET ADDRESS 5984 S.E. 88TH STREET
CITY-ST-ZIP Ocala FL 34472

TITLE FD ☒ Delete
NAME FLORES, EDWIN
STREET ADDRESS 10100 SE STREET
CITY-ST-ZIP SUMMERFIELD FL 34491

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Change ☐ Addition
NAME NAVARRO, HILDA
STREET ADDRESS 3 SPRING LAKE RUN
CITY-ST-ZIP Ocala, FL 34472

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE FD ☒ Change ☐ Addition
NAME PALERMO, ANGEL
STREET ADDRESS 9430 S.E. 110 STREET ROAD
CITY-ST-ZIP BELLEVIEW, FL 34420

TITLE ☐ Change ☐ 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:

Carlos Druet

CARLOS DRUET

2/4/04

352-680-0948

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #