

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22101

Entity Name: SPANISH-AMERICAN CLUB OF CITRUS COUNTY, INC.

Current Principal Place of Business:

9037 S. FILLY PT.
INVERNESS, FL 34452

Current Mailing Address:

P.O. BOX 2591
INVERNESS, FL 34451

FEI Number: 59-2880238

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COIMBRE, MARIA ELENA
9037 S. FILLY PT
INVERNESS, FL 34452 US

FILED
Apr 28, 2015
Secretary of State
CC0289763323

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.

SIGNATURE: MARIA ELENA COIMBRE

04/28/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name COIMBRE, MARIA ELENA
Address 9037 S. FILLY PT.
City-State-Zip: INVERNESS FL 34452

Title VP
Name ORTIZ, GLADYS
Address 3678 W. PROMONTORY DRIVE
City-State-Zip: BEVERLY HILLS FL 34465

Title DIRECTOR
Name CAPELLA, MARIA
Address 45 LIVINGSTONE DAISY CT
City-State-Zip: HOMOSASSA FL 34446

Title DIRECTOR
Name TORRES, AMELIA
Address 5 PEACHWOOD PT.
City-State-Zip: HOMOSASSA FL 34446

Title DIRECTOR
Name MATOS, EDWIN
Address 5727 N. LONGHORN TERRACE
City-State-Zip: BEVERLY HILLS FL 34465

Title DIRECTOR
Name CORTES, MYRIAM
Address 1169 CHERRY POP DRIVE
City-State-Zip: HERNANDO FL 34442

Title TREASURER
Name VALDEZ, MARIA
Address 3419 W BIRDS NEST DRIVE
City-State-Zip: BEVERLY HILLS FL 34465

Title RECORDING SECRETARY
Name ALES, DENISE
Address 3937 W FEATHEREDGE COURT
City-State-Zip: LECANTO FL 34461

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARIA ELENA COIMBRE

PRES

04/28/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CORRESPONDING SECRETARY
Name VELAZQUEZ, MARTHA
Address 6123 E CHAPEL LANE
City-State-Zip: INVERNESS FL 34453

Title DIRECTOR
Name GONZALEZ, ELENA
Address 163 S PALADINN CIRCLE
City-State-Zip: INVERNESS FL 34453