

**2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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

*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**

**06/13/2014**

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

**Continues on page 2**

*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**

**PRESIDENT**

**06/13/2014**

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