

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22101

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

Current Principal Place of Business:

804 WINDY AVE.
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:

RODRIGUEZ, MARISOL MS
804 WINDY AVENUE
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: MARISOL RODRIGUEZ

04/24/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name RODRIGUEZ, MARISOL
Address 804 WINDY AVE.
City-State-Zip: INVERNESS FL 34452

Title DIRECTOR
Name COURY, FRED
Address 5650 S UTOPIA TER
City-State-Zip: INVERNESS FL 34452-8568

Title DIRECTOR
Name RODRIGUEZ, BENNY
Address 108 HOFSTRA STREET
City-State-Zip: INVERNESS FL 34452

Title DIRECTOR
Name MATOS, VIRGILIO (BILL)
Address 1328 E ALLEGRIE DR.
City-State-Zip: INVERNESS FL 34453

Title DIRECTOR
Name FULLERTON, SUSAN
Address 10244 S EVANS PT
City-State-Zip: INVERNESS FL 34452

Title TREASURER
Name RODRIGUEZ, CASIMIRO
Address 804 WINDY AVE.
City-State-Zip: INVERNESS FL 34452

Title RECORDING SECRETARY
Name COURY, JOSIE
Address 5650 S UTOPIA TER
City-State-Zip: INVERNESS FL 34452-8568

Title CORRESPONDING SECRETARY
Name CEBOLLERO, WILLIE
Address 1522 N EAGLE RIDGE PATH
City-State-Zip: HERNANDO FL 34442

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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: JOSIE ORTIZ COURY

RECORDING SECRETARY 04/24/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CEBOLLERO, CARMEN
Address 1522 N EAGLE RIDGE PATH
City-State-Zip: HERNANDO FL 34442