

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22101

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

Current Principal Place of Business:

11 SANDPINE CT W
HOMOSASSA, FL 34446

Current Mailing Address:

P.O. BOX 2591
INVERNESS, FL 34451

FEI Number: 59-2880238

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

COIMBRE, MARIA ELENA MS
11 SANDPINE CT. W
HOMOSASSA, FL 34446 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

02/26/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name COIMBRE, MARIA ELENA
Address 11 SANDPINE CT W
City-State-Zip: HOMOSASSA FL 34446

Title VP
Name GONZALEZ , FELICITA
Address 904 N HAMBLETONIAN DR
City-State-Zip: INVERNESS FL 34453

Title RECORDING SECRETARY
Name FUENTES, JOHN
Address 24 S MONROE ST.
City-State-Zip: BEVERLY HILLS FL 34465

Title CORRESPONDENCE SECRETARY
Name RODRIGUEZ, FREDERICK
Address P. O. BOX 1393
City-State-Zip: DUNNELLON FL 34430-1393

Title TREASURER
Name MIRIALAKIS, AMERICA
Address P. O. BOX 174
City-State-Zip: HOLDER FL 34445-0174

Title DIRECTOR
Name WILLIAMS, CHARLES
Address 904 N HAMBLETONIAN DR
City-State-Zip: INVERNESS FL 34453

Title DIRECTOR
Name RODRIGEZ, JOHNNY
Address 3651 E IBIS CT
City-State-Zip: HERNANDO FL 34442

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

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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: AMERICA MIRIALAKIS

TREASURER

02/26/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BERMUDEZ, JEANETTE
Address P. O. BOX 1393
City-State-Zip: DUNNELLON FL 34430-1393