2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL	
<u>REPORT</u>	

DOCUMENT# N22101

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

Current Principal Place of Business:

5650 S UTOPIA TER INVERNESS, FL 34452

Current Mailing Address:

P.O. BOX 2591 INVERNESS, FL 34451

FEI Number: 59-2880238

Name and Address of Current Registered Agent:

COURY, JOSEFA PRESIDENT 5650 S UTOPIA TER INVERNESS, FL 34452 US Certificate of Status Desired: No

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	: JOSEFA COURY			06/20/2015
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	PRESIDENT	Title	VP	
Name	COURY, JOSEFA	Name	RODRIGUEZ, MARISOL	
Address	5650 S UTOPIA TER	Address	804 WINDY AVE.	
City-State-Zip:	INVERNESS FL 34452	City-State-Zip:	INVERNESS FL 34452	
Title	DIRECTOR	Title	DIRECTOR	
Name	RAMIREZ, PHILIP	Name	RODRIGUEZ, BENNY	
Address	1483 E HARTFORD STREET	Address	108 HOFSTRA STREET	
City-State-Zip:	INVERNESS FL 34453	City-State-Zip:	INVERNESS FL 34452	
Title	DIRECTOR	Title	DIRECTOR	
Name	RODGERS, IRIS	Name	CORTES, MYRIAM	
Address	1355 W DIAMOND SHORE LOOP	Address	1169 CHERRY POP DRIVE	
City-State-Zip:	HERNANDO FL 34442	City-State-Zip:	HERNANDO FL 34442	
Title	TREASURER	Title	RECORDING SECRETARY	
Name	MIRIALAKIS, AMERICA	Name	ALESI, DENISE	
Address	480 N BLUEJACK POINT	Address	3937 W FEATHEREDGE COUR	RT
City-State-Zip:	LECANTO FL 34461	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.

Electronic Signature of Signing Officer/Director Dateil		Dete
SIGNATURE: JOSEFA COURY	PRESIDENT	06/20/2015

Electronic Signature of Signing Officer/Director Detail

FILED Jun 20, 2015 Secretary of State CC9555944046

Date

Officer/Director Detail Continued :

Title	CORRESPONDING SECRETARY	Title	DIRECTOR
Name	SCOTT-MARTINEZ, JEANNINE	Name	CEBOLLERO, WILLIE
Address	3143 S CYGNET TERRACE	Address	1522 N EAGLE RIDGE PATH
City-State-Zip:	INVERNESS FL 34450	City-State-Zip:	HERNANDO FL 34442