

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COURY, JOSEFA PRESIDENT
5650 S UTOPIA TER
INVERNESS, FL 34452 US

FILED
Apr 27, 2016
Secretary of State
CC3185642443

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

04/27/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name COURY, JOSEFA
Address 5650 S UTOPIA TER
City-State-Zip: INVERNESS FL 34452

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

Title DIRECTOR
Name RAMIREZ, PHILIP
Address 1483 E HARTFORD STREET
City-State-Zip: INVERNESS FL 34453

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

Title DIRECTOR
Name RODGERS, IRIS
Address 1355 W DIAMOND SHORE LOOP
City-State-Zip: HERNANDO FL 34442

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

Title TREASURER
Name MIRIALAKIS, AMERICA
Address 480 N BLUEJACK POINT
City-State-Zip: LECANTO FL 34461

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: JOSEFA COURY

PRESIDENT

04/27/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CORRESPONDING SECRETARY
Name SCOTT-MARTINEZ, JEANNINE
Address 3143 S CYGNET TERRACE
City-State-Zip: INVERNESS FL 34450

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