

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90385 022 \*\*\*\*75.00

**DOCUMENT # N03000003886**

1. Entity Name

HATILLANOS SOCIAL CLUB, INC OF SPRINGHILL



Principal Place of Business

13185 SPRING HILL DRIVE  
SPRINGHILL FL 34609

Mailing Address

5495 BARCLAY AVE  
SPRINGHILL FL 34609



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

57-1165064

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLON, HIPOLITO  
5495 BARCLAY AVE.  
BROOKSVILLE FL 34609

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

\*SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Delete  
NAME LOPEZ, WILLIAM  
STREET ADDRESS 13386 CANDIA ST  
CITY-STATE-ZIP SPRING HILL FL 34609

TITLE PRES ☒ Change ☐ Addition  
NAME EDELMIRO Mendez  
STREET ADDRESS 1378 MATICO AVE  
CITY-STATE-ZIP SPRING HILL FL 34608

TITLE VP ☒ Delete  
NAME MENDEZ, EDELMIRO  
STREET ADDRESS 1378 MATICO AVE  
CITY-STATE-ZIP SPRING HILL FL 34608

TITLE V.P. Hipolito Colon ☒ Change ☐ Addition  
NAME 5495 BARCLAY AV  
STREET ADDRESS BROOKSVILLE FL 34609  
CITY-STATE-ZIP

TITLE S ☒ Delete  
NAME ROGERS, ISABEL  
STREET ADDRESS 12364 CORONADO DR  
CITY-STATE-ZIP SPRING HILL FL 34609

TITLE SEC ☒ Change ☐ Addition  
NAME LILIAN NOGUERAS  
STREET ADDRESS 13459 TROMMAN ST  
CITY-STATE-ZIP SPRING HILL FL 34609

TITLE T ☐ Delete  
NAME GONZALEZ, MARIA  
STREET ADDRESS 1436 GOLD RD  
CITY-STATE-ZIP SPRING HILL FL 34609

TITLE SAME ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE AS ☒ Delete  
NAME LOPEZ, IRMA  
STREET ADDRESS 1283 BURNSIDE PKWY  
CITY-STATE-ZIP SPRING HILL FL 34606

TITLE ASST SEC ☒ Change ☐ Addition  
NAME WANDA PENALVER  
STREET ADDRESS 18114 LA PORTE LN  
CITY-STATE-ZIP SPRING HILL FL 34610

TITLE AT ☐ Delete  
NAME COLON, EMILIA  
STREET ADDRESS 700 S SPRING HILL DR  
CITY-STATE-ZIP SPRING HILL FL 34609

TITLE SAME ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/07

Date

13527596-7361

Daytime Phone #