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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N07373** **(6)**

1. Corporation Name

SPANISH AMERICAN CLUB OF SILVER SPRINGS SHORES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 7256 OCALA FL 34472	P.O. BOX 7256 OCALA FL 34472-0256

3. Date Incorporated or Qualified: 01/30/1985
3a. Date of Last Report: 02/16/1996

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CASINO, NORMA
42 HICKORY TRACK
OCALA FL 34472

10. Name and Address of New Registered Agent

81 Name: BEATRIZ,PRIETO
82 Street Address (P.O. Box Number is Not Acceptable): 475 WATER PLACE
83
84 City: OCALA, FL 85 Zip Code: 34472

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Beatriz Prieto BEATRIZ PRIETO 1/13/1997
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	CASINO, NORMA		1.2 NAME	PRIETO,BEATRIZ	
STREET ADDRESS	42 HICKORY TRACK		1.3 STREET ADDRESS	475 WATER PLACE	
CITY-ST-ZIP	OCALA FL		1.4 CITY-ST-ZIP	OCALA,FL 34472	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PRIETO, BEATRIZ		2.2 NAME		
STREET ADDRESS	475 WATER PLACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ALMEIDA, VILMA		3.2 NAME		
STREET ADDRESS	7030 SE 109 PLACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEVIEW FL		3.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	PILLOT, OLGA		4.2 NAME	CARDONA,JAIRO	
STREET ADDRESS	7 CEDAR TRAIL		4.3 STREET ADDRESS	501 S.W. 91 PLACE	
CITY-ST-ZIP	OCALA FL		4.4 CITY-ST-ZIP	OCALA,FL 34474	
TITLE	ED	☒ DELETE	5.1 TITLE	ED	☒ Change ☐ Addition
NAME	GONZALEZ, ELIZABETH		5.2 NAME	BORDA,JOSE MANUEL	
STREET ADDRESS	28 OAK RUN		5.3 STREET ADDRESS	2 EMERALD CT.DRIVE	
CITY-ST-ZIP	OCALA FL		5.4 CITY-ST-ZIP	OCALA,FL 34472	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Beatriz Prieto BEATRIZ PRIETO 1/13/1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0065724