FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

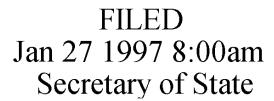
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(6)

SPANISH AMERICAN CLUB OF SILVER SPRINGS SHORES, INC.

Principal	Place	Οţ	Busines

Mailing Address





P.O. BOX 7256 OCALA FL 344		P.O. BOX 7256 OGALA FL 34472-0256								
					 Date Incorporated or Qualified 01/30/1985 	3a. Date of 1 02/1	ast Report 6/1996			
2. Principal Place of Business 2a. Mailing Address			,,,,,,,,,,	4. FEI Number	<u> </u>	Applied	For			
21		26			NOT APPLICABLE		Not App			
27					5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State		City & State			Election Campaign Financing Trust Fund Contribution		5.00 May dded to Fee			
Zıp 24	Country 25	Zip 29	Counti	У	This corporation has liability for influence	intangible tax ur] Yes □ No	ider s. 199.	.032,		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
******	7.7111		8		DD10070 D07000					
CASINO	, NORMA		62		BEATRIZ, PRIETO Idress (P.O. Box Number is Not Acceptab	vio)				
	ORY TRACK			475	WATER PLACE	ne)				
OCALA	FL 34472		8:	3						
			8		ALA,	FL 85	Zip Code 3 4 4 7 2			
11. Pursuant	to the provisions of Sections 617.0	502 and 617.1508, Florida Statu	tes, the abo	e-named co	orporation submits this statement for the pration's board of directors. I hereby accept	ourpose of chan	ging its reg	stered		
agent. I a	egistered agent, or cotri, in the Sta m familiar with and accept the obl	te of Florida. Such charige was ig <u>ations</u> of, Section 617.0503, Fl	aumonzea t Iorida Statute	sy the corpo 38.	ration's board of directors. I hereby accep	or the appointme	ян ав геднь	16160		
SIGNATURE .	Beating this	BEATR:			1	/13/199	7			
	algriature, typed or printed name of registered.			gent signature re						
12.		ND DIRECTORS X DELETE	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIFE		Addition		
TITLE	PD NODE	W DETER	1.1 TITLE		PD PRIETO,BEATRIZ	LEJ V	iairge 🗀	Addition		
NAME	CASINO, NORMA		1.2 NAME							
STREET ADDRESS	42 HICKORY TRACK OCALA FL				75 WATER PLACE					
CITY - ST - ZIP TITLE	VD	DELETE	1.4 CITY- 2.1 TITLE		CALA, FL 34472		nanne	Addition		
NAME	PRIETO, BEATRIZ	D DELEGA	2.2 NAME	1			ريب دو.س	, , , , , , , , , , , , , , , , , , , ,		
STREET ADDRESS	475 WATER PLACE			T ADDRESS						
CITY-ST-ZIP	OCALA FL		2. 4 CITY	ì						
TITLE	SD	DELETE	3.1 TITLE		· · · · · · · · · · · · · · · · · · ·	□ ċ	hange 🔲	Addition		
NAME	ALMEIDA, VILMA		32 NAMI							
STREET ADDRESS	7030 SE 109 PLACE			T ADDRESS						
CITY-ST-ZIP	BELLEVIEW FL		3.4, CITY	· · · · · · · · · · · · · · · · · · ·						
TITLE	TD	X DELETE	4.1 TITLE		rd	∑ C	nange	Addition		
NAME	PILLOT, OLGA		4. 2 NAM	⊧ b	ARDONA, JAIRO					
STREET ADDRESS	7 CEDAR TRAIL		4.3 STRE		01 S.W. 91 PLACE					
CITY-ST-ZIP	OCALA FL		4.4 CITY		CALA, FL 34474					
TITLE	ED	DELETE	5.1 TITLE	[1	ED	i x ∘	nange 🔲	Addition		
NAME	GONZALEZ, ELIZABETH		5.2 NAMI		BORDA, JOSE MANUEL					
STREET ADDRESS	28 OAK RUN		5.3 STRE		2 EMERALD CT.DRIVE					
CITY-ST-ZIP	OCALA FL		5.4 CITY		OCALA, FL 34472			4 1.00		
JULTE		DELETE	6.1 TITLE	ĺ			nange 🔲	Addition		
NAME			62 NAMI							
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP		_	6.4 CITY	ST-ZIP						

14. If 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

Beatry Prieto 1/13

THE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

CR2E037 (9/96