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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N07373**

1. Corporation Name

SPANISH AMERICAN CLUB OF SILVER SPRINGS SHORES, INC.

116995-90033-28

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 01/30/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

CRESS, NORMA L
563 MIDEAY TRACK
K202
OCALA FL 34472

10. Name and Address of New Registered Agent

81 Name: GARRIDO,FREDDY
82 Street Address (P.O. Box Number is Not Acceptable): 6 SPRING LAKE LANE
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: FREDDY GARRIDO — 1-14-99
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	P	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	CRESS, NORMA L		1.2 NAME	GARRIDO,FREDDY	
STREET ADDRESS	563 MIDWAY TRACK, K202		1.3 STREET ADDRESS	6 SPRING LAKE LANE	
CITY-ST-ZIP	OCALA FL 34472		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	SD	☒ Change ☐ Addition
NAME	ALMEIDA, VILMA		3.2 NAME	ALMEIDA,VILMA	
STREET ADDRESS	7890 SE 109 PLACE		3.3 STREET ADDRESS	P.O.BOX 594	
CITY-ST-ZIP	BELLEVIEW FL		3.4 CITY-ST-ZIP	BELLEVIEW,FL 34421	
TITLE	TD	☒ DELETE	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	DRUET, CARLOS		4.2 NAME	GOMEZ,PEDRO	
STREET ADDRESS	461 SPRING LANE		4.3 STREET ADDRESS	19 HICKORY LOOP TRAIL	
CITY-ST-ZIP	OCALA FL 34472		4.4 CITY-ST-ZIP	OCALA,FL34472	
TITLE	ED	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	AYALA, VICTOR		5.2 NAME		
STREET ADDRESS	8 PALM RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34472		5.4 CITY-ST-ZIP		
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 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: FREDDY GARRIDO — 1-14-99 — 352-687-1793
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #