

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90026 042 ****75.00

DOCUMENT # N07373

1. Entity Name

**SPANISH AMERICAN CLUB OF SILVER SPRINGS
SHORES, INC.**



Principal Place of Business

P O BOX 830104
OCALA FL 34483-0104

Mailing Address

P O BOX 830104
OCALA FL 34483-0104

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DRUET, CARLOS
461 SPRING LANE
OCALA FL 34472**

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, 2005**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DRUET, CARLOS 461 SPRING LANE OCALA FL 34472	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NAVARRO, HILDA 3 SPRINGS LAKE RUN OCALA FL 34472	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALMEIDA, VILMA P.O. BOX 594 BELLEVIEW FL 34421	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROSE, MORALES 5984 S.E. 88TH STREET OCALA FL 34472	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FD PALERMO, ANGEL 9430 SE 110 STREET RD. BELLEVIEW FL 34420	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VARGAS, CARMEN IRIS 329 OAK TRACK OCALA, FL 34472	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 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:

Carlos Druet Carlos Druet

02/15/2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-680-0948