2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # N07373

1. Entity Name
SPANISH AMERICAN CLUB OF SILVER SPRINGS SHORES, INC.

Principal Place of Business	Mailing Address
P O BOX 830104 OCALA, FL 34483-0104	P O BOX 830104 OCALA, FL 34483-0104

01092007 No Chg-NP CR2E037 (4/06)

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

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

6. Name and Address of Current Registered Agent

ROBLES, ROSALBA
441 WATER RD
OCALA, FL 34472

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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

U00000591999
01/19/07-80044-021 70.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROBLES, ROSALBA
STREET ADDRESS	441 WATER RD
CITY-ST-ZIP	OCALA, FL 34472
TITLE	VD
NAME	DRUET, CARLOS
STREET ADDRESS	461 SPRING LN
CITY-ST-ZIP	OCALA, FL 34472
TITLE	SD
NAME	MIRALBA-ORTEGA, YERTY
STREET ADDRESS	317 BAHIA TRACK
CITY-ST-ZIP	OCALA, FL 34472
TITLE	TD
NAME	ROSE, MORALES
STREET ADDRESS	5984 S.E. 88TH STREET
CITY-ST-ZIP	OCALA, FL 34472
TITLE	FD
NAME	AYALA, VICTOR
STREET ADDRESS	8 PALM RD
CITY-ST-ZIP	OCALA, FL 34472
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Rosalba Robles. January 16,07 352-687-0564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #