

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000386

FILED  
Apr 28, 2007  
Secretary of State

Entity Name: CLUB SOCIAL PANAMA ORLANDO, INC.

## Current Principal Place of Business:

2734 CHADDSFORD CIRCLE  
# 104  
OVIEDO, FL 32765

## New Principal Place of Business:

## Current Mailing Address:

2734 CHADDSFORD CIRCLE  
# 104  
OVIEDO, FL 32765

## New Mailing Address:

FEI Number: 59-3170798      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

LINARES, RUBEN  
2734 CHADDFORD #104  
OVIEDO, FL 32765      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: VSD ( ) Delete  
Name: LINARES, RUBEN  
Address: 2734 CHADDSFORD CIRCLE #104  
City-St-Zip: OVIEDO, FL 32765

Title: TMC ( ) Delete  
Name: BOUTEMAYOR, TOMAQ  
Address: 627 MAYA SUSAN LOOP  
City-St-Zip: APOPKA, FL 32712

Title: PD ( ) Delete  
Name: LUCKONCHANG, CARLOS  
Address: 13824 OLD DOCK ROAD  
City-St-Zip: ORLANDO, FL 32828

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition  
Name: LINARES, RUBEN  
Address: 2734 CHADDSFORD CIRCLE #104  
City-St-Zip: OVIEDO, FL 32765

Title: MC (X) Change ( ) Addition  
Name: BOUTEMAYOR, TOMAQ  
Address: 627 MAYA SUSAN LOOP  
City-St-Zip: APOPKA, FL 32712

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST ( ) Change (X) Addition  
Name: LINARES, MARIA A  
Address: 2734 CHADDSFORD CIR #104  
City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUBEN LINARES

VD

04/28/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date