FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 20 AM 7:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000002419 (0)

1. Corporation Name
SPANISH AMERICAN CLUB OF MARION OAKS INC.

Principal Place of Business	Mailing Address
P. O. BOX 11215 OCALA FL 34473 US	P. O. BOX 11215 OCALA FL 34473 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/17/1993
3a. Date of Last Report: 04/05/1994
4. FEI Number: 59-0370570 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

CRUZ, RAMON
4090 S.W. 143RD LANE RD.
OCALA FL 34473

10. Name and Address of New Registered Agent

81 Name: PERALES, SANTOS
82 Street Address (P.O. Box Number is Not Acceptable): 5220 S.W. 161 PLACE ROAD
83
84 City: OCALA **FL** 85 Zip Code: 34473

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Santos Perales 3-9-95
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	1.1 TITLE	P ☒ Change ☐ Addition
NAME	CRUZ, RAMON	1.2 NAME	PERALES, SANTOS
STREET ADDRESS	4090 S.W. 143RD LANE RD.	1.3 STREET ADDRESS	5220 S.W. 161 PLACE ROAD D
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	OCALA, FL. 34473
TITLE	V	2.1 TITLE	V ☒ Change ☐ Addition
NAME	THILLET, ELVIRITA	2.2 NAME	BERLANGA, LUCY
STREET ADDRESS	14590 S.W. 41ST AVE.	2.3 STREET ADDRESS	14980 S.W. 37th TERR
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	OCALA, FL. 34473
TITLE	T	3.1 TITLE	T ☒ Change ☐ Addition
NAME	PASCO, LIZARDO	3.2 NAME	CARMEN D. RAMOS
STREET ADDRESS	14882 S.W. 48TH AVE.	3.3 STREET ADDRESS	14895 S.W. 65 AVE RD. D
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	OCALA, FL. 34473
TITLE	S	4.1 TITLE	S ☒ Change ☐ Addition
NAME	RAMOS, CARMEN A.	4.2 NAME	LUZ HAYDEE ORTIZ
STREET ADDRESS	8701 S.W. 148TH LANE RD.	4.3 STREET ADDRESS	3670 S.W. 150 LN RD D
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	OCALA, FL. 34473
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	SANTIAGO, ARTURO	5.2 NAME	LOUIS MALDONADO
STREET ADDRESS	297 MARION OAKS COURSE	5.3 STREET ADDRESS	2620 S.W. 152nd LANE
CITY-ST-ZIP	OCALA FL	5.4 CITY-ST-ZIP	OCALA, FL. 34473
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: 2-9-95 347-7376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048373