

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

3. Date Incorporated or Qualified  
05/17/1993

3a. Date of Last Report  
04/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PERALES, SANTOS  
5220 SW 161ST PLACE ROAD  
OCALA FL 34473

81 Name

PASCO, LIZARDO

82 Street Address (P.O. Box Number is Not Acceptable)

14882 S.W. 48 AVE.

83

84 City

OCALA

FL

85 Zip Code

34473

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

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 ☐ DELETE

PD  
NAME PERALES, SNATOS  
STREET ADDRESS 5220 S.W. 161ST PLACE ROAD  
CITY-ST-ZIP Ocala FL 34473

TITLE ☐ DELETE

VD  
NAME BERLANGO, LUCY  
STREET ADDRESS 14980 S.W. 37TH AVE.  
CITY-ST-ZIP Ocala FL 34473

TITLE ☐ DELETE

TD  
NAME RAMOS, CARMEN D.  
STREET ADDRESS 14885 S.W. 65TH AVE.  
CITY-ST-ZIP Ocala FL 34473

TITLE ☐ DELETE

SD  
NAME ORTIZ, LUZ HAYDEE  
STREET ADDRESS 3670 SW 150TH LANE ROAD  
CITY-ST-ZIP Ocala FL 34473

TITLE ☐ DELETE

D  
NAME MALDONADO, LOUIS  
STREET ADDRESS 2620 SW 152ND LANE  
CITY-ST-ZIP Ocala FL 34473

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PD

PASCO, LIZARDO

14882 S.W. 48 Ave.

OCALA, FL. 34473

VD

MONTALVO, FERNANDO

16195 S.W. 22ct.

OCALA, FL. 34473

TD

RAMOS, CARMEN

14885 S.W. 65TH AVE.

OCALA, FL. 34473

SD

ORTIZ, LUZ HAYDEE

14922 S.W. 38 CIR

OCALA, FL. 34473

D

BURGOS, TEOFILO

14604 S.W. 45Th CT.

OCALA FL. 34473

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)(k), 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 for 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

CR2E037 (12/95)