

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90493 014 \*\*\*\*61.25

**DOCUMENT # N93000002419**

1. Entity Name  
**SPANISH AMERICAN CLUB OF MARION OAKS INC.**



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

Mailing Address  
P. O. BOX 11215  
OCALA, FL 34473 US

34063337



04132004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-0370570**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**ROBINSON, FRED A**  
**4490 SW 140 ST RD**  
**OCALA, FL 34473**

**7. Name and Address of New Registered Agent**

Name **LIZARDO PASCO**  
Street Address (P.O. Box Number is Not Acceptable) **14882 SW 48th Ave**  
City **OCALA** FL Zip Code **34473**

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 registering)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	PD	<input type="checkbox"/> Delete
NAME	PASCO, LIZARDO	
STREET ADDRESS	14882 SW 48TH AVE	
CITY-ST-ZIP	OCALA, FL 34473	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PERALES, MARGARITA	
STREET ADDRESS	5220 SW 161 PL RD	
CITY-ST-ZIP	OCALA, FL 34473	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ROBINSON, FRED A	
STREET ADDRESS	4490 SW 140 ST RD	
CITY-ST-ZIP	OCALA, FL 34473	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SUDEN, ERIC	
STREET ADDRESS	440 SW 140 ST RD	
CITY-ST-ZIP	OCALA, FL 34473	
TITLE	D	<input type="checkbox"/> Delete
NAME	MIRANDA, PILAR	
STREET ADDRESS	310 NW TERROPIN DR	
CITY-ST-ZIP	DUNNELLON, FL 34431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIRIAM MARTINEZ	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUANA PASCO	
STREET ADDRESS	14882 SW 48th Ave	
CITY-ST-ZIP	OCALA, FL 34473	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #