

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

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



04282005 No Chg-NP

CR2E037 (10/03)

4. FEI Number  
59-0370570

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

PASCO, LIZARDO  
14882 SW 48TH AVE  
OCALA, FL 34473

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE PD  
NAME PASCO, LIZARDO  
STREET ADDRESS 14882 SW 48TH AVE  
CITY- ST- ZIP OCALA, FL 34473

TITLE VD  
NAME PERALES, MARGARITA  
STREET ADDRESS 5220 SW 161 PL RD  
CITY- ST- ZIP OCALA, FL 34473

TITLE T  
NAME MARTINEZ, MIRIAM  
STREET ADDRESS 4490 SW 140 ST RD  
CITY- ST- ZIP OCALA, FL 34473

TITLE VP  
NAME MIRANDA, PILAR  
STREET ADDRESS 310 NW TERROPIN DR  
CITY- ST- ZIP DUNNELLON, FL 34431

TITLE D  
NAME PASCO, JUANA  
STREET ADDRESS 14882 SW 48TH AVE  
CITY- ST- ZIP OCALA, FL 34473

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 #