


FILE NOW: FILING FEE IS \$61.25

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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90016 040 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000004772					
1. Corporation Name SPANISH CLUB OF CITRUS SPRINGS AND ADJACENT AREA S, INCORPORATED					
Principal Place of Business POST OFFICE BOX 1374 DUNNELLON FL 34430			Mailing Address POST OFFICE BOX 1374 DUNNELLON FL 34430		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/22/1993	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3017078	
24 Country		29 Country		30 Country	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
BAIRD, RUTH E 2586 W SHAW PLACE CITRUS SPRINGS FL 34434		81 Name Frank Serrano 82 Street Address (P.O. Box Number is Not Acceptable) 9901 N. Cortland Dr. 83 Citrus Springs Fl. 34434 84 City FL 85 Zip Code			

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  **FRANK SERRANO** DATE **2/12/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMAN, ANDRES	1.2 NAME	Frank Serrano
STREET ADDRESS	5515 N BRONCO DR	1.3 STREET ADDRESS	9901 N. Cortland Dr.
CITY-ST-ZIP	BEVERLY HILLS FL	1.4 CITY-ST-ZIP	Citrus Springs Fl. 34434
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERMUDEZ, JEANETTE	2.2 NAME	
STREET ADDRESS	10051 N. RUTH TERR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CITRUS SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAIRD, RUTH	3.2 NAME	
STREET ADDRESS	2586 W SHAW PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CITRUS SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, GRACE	4.2 NAME	Rodriguez, John
STREET ADDRESS	9209 N HARRIS WAY	4.3 STREET ADDRESS	9209 N. Harris Way
CITY-ST-ZIP	CITRUS SPRINGS FL	4.4 CITY-ST-ZIP	Citrus Springs Fl.
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:  DATE **2/12/99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)