


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90259 023 ****61.25

DOCUMENT # N93000004772					
1. Entity Name SPANISH AMERICAN ASSOCIATION OF CITRUS SPRINGS AND ADJACENT AREAS, 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		3. Mailing Address ANTONIO MALAVE		04182005 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 2209 W. DOLPHIN DR			
City & State		City & State CITRUS SPRINGS, FL.			
Zip	Country	Zip 34434	Country CITRUS	4. FEI Number 59-3017078	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent YOUNG, HILDA 1808 W. FREEMAN PLACE CITRUS SPRINGS, FL 34434				7. Name and Address of New Registered Agent Name: <u>TONY MALAVE</u> Street Address (P.O. Box Number is Not Acceptable): <u>2209 W. Dolphin Drive</u> City: <u>CITRUS SPRINGS</u> FL Zip Code: <u>34434</u>	
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: <u>[Signature]</u> <u>ANTONIO MALAVE</u> <u>042005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD BERMUDEZ, JEANETTE 10051 N. RUTH TERR. CITRUS SPRINGS, FL 34434	<input checked="" type="checkbox"/> Delete	TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	TONY MALAVE Pres. 2209 W. Dolphin Drive Citrus Springs, FL 34434	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RODRIGUEZ, JOHN 9209 N. HARRIS WAY CITRUS SPRING, FL 34434	<input checked="" type="checkbox"/> Delete	TITLE T NAME STREET ADDRESS CITY-ST-ZIP	FRANCISCO SERRANO 9901 N. CANTLANDT DRIVE Citrus Springs, FL 34434	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YOUNG, HILDA 1808 W. FREEMAN PL. CIRTUS SPRING, FL 34434	<input checked="" type="checkbox"/> Delete	TITLE SD NAME STREET ADDRESS CITY-ST-ZIP	AMELIA MAGNUS, Sec. 9887 N. CANTLANDT DRIVE Citrus Springs, FL 34434	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RUTH, BAIRD 2586 W. SHAW PLACE CITRUS SPRINGS, FL 34434	<input checked="" type="checkbox"/> Delete	TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	ELIZABETH BUTRYM VP 9508 N. CANTLANDT DRIVE Citrus Springs, FL 34434	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>042005 (352) 489-5401</u> <small>Date Daytime Phone #</small>		