


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90101 019 ***150.00

DOCUMENT # P03000081456	
1. Entity Name EL SANTIAGO CLUB, INC.	

Principal Place of Business 2375 ENRIQUE DR THE VILLAGES, FL 32162	Mailing Address 2375 ENRIQUE DR THE VILLAGES, FL 32162
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50057480



2. Principal Place of Business 925 Lakeshore Drive	3. Mailing Address 925 Lakeshore Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07132005 Chg-P CR2E034 (10/03)

City & State The Villages FL	City & State The Villages FL
Zip 32162	Zip 32162
Country USA	Country USA

4. FEI Number 20-0156727	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LEWIS, ROBIN 2009 ALLENDE AVE THE VILLAGES, FL 32159

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2912 Larranaga Dr City The Villages FL Zip Code 32162-7575
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!!-FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PST LEWIS, ROBIN 2007 ALLENDE AVE THE VILLAGES, FL 32159 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	2912 Larranaga Dr The Villages FL 32162-7575 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V LEWIS, CAROLINA 2009 ALLENDE AVE THE VILLAGES, FL 32159 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	2912 Larranaga Dr The Villages FL 32162-7575 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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
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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 607, 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 #

07/22/05 352-756-6800