FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **740492** **(4)**

1. Corporation Name

SPANISH WELLS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3435 SAN BERNADINO DRIVE DELRAY BCH. FL 33445	3435 SAN BERNADINO DRIVE DELRAY BCH. FL 33445

3. Date Incorporated or Qualified: **10/21/1977**

3a. Date of Last Report: **04/20/1995**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24:

Country — 25:

Zip — 29:

Country — 30:

4. FEI Number: **59-1884450** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

~~WEBER, SHARON A., ESQ.~~
~~% BECKER, POLIAKOFF & STREITFELD, P.A.~~
~~REFLECTIONS BLDG., 450 AUSTRALIAN AVE. S.~~
~~WEST PALM BEACH FL 33401~~

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

81 Name: Peter C. Mollengarden

82 Street Address (P.O. Box Number is Not Acceptable): % Becker & Poliakoff, P.A.

83: Clearlake Plaza
500 ~~Australian~~ Ave. South

84 City: West Palm Beach, Fl **FL** 85 Zip Code: 33401

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 _____ 4/22/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CRISPI, JAMES J 3305-A SPANISH WELLS DR DELRAY BEACH FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	VPD Helsley, David 3425-A San Bernadino Dr. Delray Beach, Fl. 33445	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LAMONICA, JOSEPH 1830-C SAN JUAN DRIVE DELRAY BEACH FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LUCCA, MARGARET J. 3006-D SAN CLARA DR DELRAY BEACH FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ATD TRUXTON, DANIELLE 3125-A SAN FERNANDO DR DELRAY BEACH FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D Phillip Douglas 3425-C San Bernadino Dr. Delray Beach, Fl. 33445	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASD BARKER, DORIS 3428-B SAN BERNADINO DR DELRAY BEACH FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JOHNSON, PHYLLIS M 2811 N. E. 56TH CT FT. LAUDERDALE FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Phyllis M Johnson Treas — April 19 1996 — 407-495-4220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #