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Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MOLLENGARDEN, PETER C
% BECKER, POLIAKOFF & STREITFELD, P.A.
REFLECTIONS BLDG., ~~450~~ 500 AUSTRALIAN AVE. S. 9th Floor
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~ VPD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	AKEHURST, STEVEN		1.2 NAME		
STREET ADDRESS	1765-C SAN JOSE DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33445		1.4 CITY-ST-ZIP		
TITLE	~~VPD~~ PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SAMU, KENNETH		2.2 NAME		
STREET ADDRESS	3428-A SAN FERNANDO DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33445		2.4 CITY-ST-ZIP		
TITLE	~~SD~~	☒ DELETE	3.1 TITLE	SD	☐ Change ☐ Addition
NAME	~~SURMAN, COLLEEN~~		3.2 NAME	Dawn DeVoter	
STREET ADDRESS	~~3125-D SAN FERNANDO DRIVE~~		3.3 STREET ADDRESS	3207-A Spanish Wells Dr.	
CITY-ST-ZIP	~~DELRAY BEACH FL 33445~~		3.4 CITY-ST-ZIP	Delray Beach, Fl.	
TITLE	~~D~~	☒ DELETE	4.1 TITLE	D	☐ Change ☐ Addition
NAME	~~DOUGLAS, PHILLI~~		4.2 NAME	Charles Birney	
STREET ADDRESS	~~3425-C SAN BERNADINO DR~~		4.3 STREET ADDRESS	1825-D San Juan Dr.	
CITY-ST-ZIP	~~DELRAY BEACH FL~~		4.4 CITY-ST-ZIP	Delray Beach, Fl. 33445	
TITLE	ASD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BARKER, DORIS		5.2 NAME		
STREET ADDRESS	3428-B SAN BERNADINO DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, PHYLLIS M		6.2 NAME		
STREET ADDRESS	2811 N. E. 56TH CT		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: Phyllis M Johnson Treas. March 20, 1998 561-495-4220