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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 740492

1. Corporation Name

SPANISH WELLS CONDOMINIUM ASSOCIATION, INC.

* 326047 - 90069 - 41 *

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/21/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1884450 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MOLLENGARDEN, PETER C
% 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

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	VPD	☒ DELETE	1.1 TITLE	SD	☐ Change ☒ Addition
NAME	AKEHURST, STEVEN		1.2 NAME	Haig Makoulian	
STREET ADDRESS	1765-C SAN JOSE DRIVE		1.3 STREET ADDRESS	3308-C Spanish Wells Drive	
CITY-ST-ZIP	DELRAY BEACH FL 33445		1.4 CITY-ST-ZIP	Delray Beach, Fl. 33445	
TITLE	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~~ VPD	☐ DELETE	3.1 TITLE	VPD	☒ Change ☐ Addition
NAME	DEVOTER, DAWN		3.2 NAME	Dawn DeVoter	
STREET ADDRESS	3207-A SPANISH WELLS DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33445		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	VPD	☐ Change ☒ Addition
NAME	BIRNEY, CHARLES		4.2 NAME	Phillip Douglas	
STREET ADDRESS	1825-D SAN JUAN DR		4.3 STREET ADDRESS	3425-C San Bernadino Drive	
CITY-ST-ZIP	DELRAY BEACH FL 33445		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_(11/98)

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: Phillip Douglas Treasurer April 8, 1999 561-495-4220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #