

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740492

1. Entity Name

SPANISH WELLS CONDOMINIUM ASSOCIATION, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90489 017 ****61.25

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

Mailing Address
3435 SAN BERNADINO DRIVE
DELRAY BCH. FL 33445-6728



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

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

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	☐ Delete
NAME	MAKOUJIAN, HAIG	
STREET ADDRESS	3308-C SPANISH WELLS DR	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	PD	☐ Delete
NAME	SAMU, KENNETH	
STREET ADDRESS	3428-A SAN FERNANDO DR	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	VPD	☐ Delete
NAME	DEVOTER, DAWN	
STREET ADDRESS	3207-A SPANISH WELLS DR	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	VPD: TD	☐ Delete
NAME	DOUGLAS, PHILIP	
STREET ADDRESS	3425-C SAN BERNADINO DR	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	ASD	☐ Delete
NAME	BARKER, DORIS	
STREET ADDRESS	3428-B SAN BERNADINO DR	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	AST	☐ Delete
NAME	JOHNSON, PHYLLIS M	
STREET ADDRESS	2811 N. E. 56TH CT	
CITY-ST-ZIP	FT. LAUDERDALE FL	

TITLE	SD	☐ Change ☐ Addition
NAME	Kelly Kay Carson	
STREET ADDRESS	3209-A Spanish Wells Dr.	
CITY-ST-ZIP	Delray Beach, Fl. 33445	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME	Kate Shelly	
STREET ADDRESS	1825-A San Juan Drive	
CITY-ST-ZIP	Delray Beach, Fl. 33445	
TITLE	ASD	☐ Change ☐ Addition
NAME	Terri Arrigo	
STREET ADDRESS	1800-D San Juan Drive	
CITY-ST-ZIP	Delray Beach, Fl. 33445	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Phyllis M. Johnson*
PHYLLIS M. JOHNSON, CLASSED Treas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 21, 2000 561-495-4220
Date Daytime Phone #

CFR2037 (9/99)