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May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N46526 (2)
1. Corporation Name
SPANISH WELLS GOLF CONDOMINIUMS ASSOCIATION, INC



Principal Place of Business 5085 E TAMAMI TRAIL C/O TRAMCO, INC NAPLES FL 33962 US	Mailing Address 5085 E TAMAMI TRAIL NAPLES FL 33962 US
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3. Date Incorporated or Qualified 12/17/1991	4. FEI Number 65-0303292	Applied For ☐ Not Applicable
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2. Principal Place of Business C/O	2a. Mailing Address C/O
21 RAP PROPERTY MANAGEMENT Suite, Apt. #, etc.	26 RAP PROPERTY MANAGEMENT Suite, Apt. #, etc.
22 265 AIRPORT RD. S. City & State	27 265 AIRPORT RD. S. City & State
23 NAPLES FL Zip Country	28 NAPLES FL Zip Country
24 34104-3518 25 US	29 34104-3518 30 US

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
**GARY K. MART
TRAMCO, INC.
5085 TAMAMI TRAIL E.
NAPLES FL 33962**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	☒ DELETE
NAME	D HIGGINS, WILLIAM
STREET ADDRESS	5085 TAMAMI TR. E
CITY-ST-ZIP	NAPLES FL
TITLE	☒ DELETE
NAME	VPD O'NEIL, CHARLES
STREET ADDRESS	5085 TAMAMI TR E.
CITY-ST-ZIP	NAPLES FL
TITLE	☒ DELETE
NAME	PD MURPHY, WILLIAM
STREET ADDRESS	5085 TAMAMI TR E
CITY-ST-ZIP	NAPLES FL
TITLE	☒ DELETE
NAME	DTS MCARDLE, JAMES
STREET ADDRESS	5085 TAMAMI, TR E
CITY-ST-ZIP	NAPLES FL
TITLE	☒ DELETE
NAME	D MUNRO, JAMES
STREET ADDRESS	5085 TAMAMI TR E.
CITY-ST-ZIP	NAPLES FL
TITLE	☒ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	DP MURPHY, WILLIAM
1.3 STREET ADDRESS	9850 COSTA MESA LN. #708
1.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34135
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	DVP MUNRO, JAMES
2.3 STREET ADDRESS	9856 COSTA MESA LN. #604
2.4 CITY-ST-ZIP	BONITA SPRINGS FL 34135
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	DST SCHRATWEISER, TOM
3.3 STREET ADDRESS	9860 COSTA MESA LN. #504
3.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34135
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	D HIGGINS, WILLIAM
4.3 STREET ADDRESS	9851 COSTA MESA LN. #312
4.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34135
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	D SELNER, GEORGE
5.3 STREET ADDRESS	9855 COSTA MESA LN. #412
5.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34135
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: William Murphy 4/22/98 (941) 498-2616

CR2E037 (10/97)