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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N46526**

1. Corporation Name
SPANISH WELLS GOLF CONDOMINIUMS ASSOCIATION, INC

Principal Place of Business	Mailing Address
C/O R & P PROPERTY MANAGEMENT 265 AIRPORT RD. S NAPLES FL 34104-3518 US	C/O R & P PROPERTY MANAGEMENT 265 AIRPORT RD. S NAPLES FL 34104-3518 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	12/17/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0303292 ☐ 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

~~GARY K. MART~~
~~TRAMCO, INC.~~
~~5085 TAMIAMI TRAIL E.~~
~~NAPLES FL 33962~~

10. Name and Address of New Registered Agent

81 Name R+P Property Mgmt
82 Street Address (P.O. Box Number is Not Acceptable) 265 Airport Rd S.
83
84 City Naples FL 85 Zip Code 34104

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 Dennis Carroll 4/16/99
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	~~DP~~	☐ DELETE	1.1 TITLE	DST	☒ Change ☐ Addition
NAME	MURPHY, WILLIAM		1.2 NAME		
STREET ADDRESS	9850 COSTA MESA LN. #708		1.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 34135		1.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MUNRO, JAMES		2.2 NAME		
STREET ADDRESS	9856 COSTA MESA LN. #604		2.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPIRNGS FL 34135		2. 4 CITY-ST-ZIP		
TITLE	~~DST~~	☐ DELETE	3.1 TITLE	DP	☒ Change ☐ Addition
NAME	SCHRATWIESER, TOM		3.2 NAME		
STREET ADDRESS	9860 CASTA MESA LANE #504		3.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 34135		3.4. CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HIGGINS, WILLIAM		4. 2 NAME		
STREET ADDRESS	9851 CASTA MESA LN. #312		4.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 34135		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	DVP	☒ Change ☐ Addition
NAME	SELNER, GEORGE		5.2 NAME		
STREET ADDRESS	9855 CASTA MESA LN. #412		5.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 34135		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: Thomas M. Richard SIGNATURE REQUIRED 4/9/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #