

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46526

1. Entity Name

SPANISH WELLS GOLF CONDOMINIUMS ASSOCIATION, INC

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90003 016 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0303292

Applied For

Not Applicable

Zip

Country

Zip

Country

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

R & P PROPERTY MGMT
265 AIRPORT RD S
NAPLES FL 34104

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 ☐ Delete
NAME **DST**
STREET ADDRESS **MURPHY, WILLIAM**
CITY-ST-ZIP **9850 COSTA MESA LN. #708**
BONITA SPRINGS FL 34135

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DVP**
STREET ADDRESS **MUNRO, JAMES**
CITY-ST-ZIP **9856 COSTA MESA LN. #604**
BONITA SPRINGS FL 34135

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **SCHRATWIESER, TOM**
CITY-ST-ZIP **9880 CASTA MESA LANE #504**
BONITA SPRINGS FL 34135

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **HIGGINS, WILLIAM**
CITY-ST-ZIP **9851 CASTA MESA LN. #312**
BONITA SPRINGS FL 34135

TITLE ☐ Change ☒ Addition
NAME **DVP**
STREET ADDRESS **FRED BAILEY**
CITY-ST-ZIP **9855 COSTA MESA LANE #402**
BONITA SPRINGS, FL 34135

TITLE ☒ Delete
NAME **DVP**
STREET ADDRESS **SELNER, GEORGE**
CITY-ST-ZIP **9855 CASTA MESA LN. #412**
BONITA SPRINGS FL 34135

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **CLIFFORD VERDERBER**
CITY-ST-ZIP **9851 COSTA MESA LANE #305**
BONITA SPRINGS, FL 34135

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)