

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46526

FILED
Apr 09, 2009
Secretary of State

Entity Name: SPANISH WELLS GOLF CONDOMINIUMS ASSOCIATION, INC.

Current Principal Place of Business:

C/O R & P PROPERTY MANAGEMENT
265 AIRPORT RD. S
NAPLES, FL 341043518 US

New Principal Place of Business:

Current Mailing Address:

C/O R & P PROPERTY MANAGEMENT
265 AIRPORT RD. S
NAPLES, FL 341043518 US

New Mailing Address:

FEI Number: 65-0303292

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

R&P PROPERTY MANAGEMENT
265 AIRPORT RD S
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MURPHY, WILLIAM
Address: 9850 COSTA MESA LN. #708
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VPD () Delete
Name: LOUGHRAN, JIM
Address: 226 WEST LYNN FARM DR
City-St-Zip: GREENWICH, CT 06831

Title: D () Delete
Name: VERDERBER, CLIFF
Address: 9851 COSTA MESA LN. #305
City-St-Zip: BONITA SPRINGS, FL 34135

Title: STD () Delete
Name: HUTCHINSON, JEFF
Address: 1433 PRAIRIE STREET
City-St-Zip: AURORA, IL 60506

Title: D () Delete
Name: RAFFALSKI, KARL
Address: 9860 COSTA MESA LANE # 507
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LOUGHRAN, JIM
Address: 226 WEST LYNN FARM DR
City-St-Zip: GREENWICH, CT 06831

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: RAFFALSKI, KARL
Address: 9860 COSTA MESA LANE # 507
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM MURPHY

PD

04/09/2009

Electronic Signature of Signing Officer or Director

Date