

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N46526

FILED
Apr 25, 2003
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:

CARROLL, GLENN
265 AIRPORT RD S
NAPLES, FL 34104

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

Title: DST () Delete
Name: SCHRATWEISER, TOM
Address: 9860 COSTA MESA LN. #504
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DP () Delete
Name: SCHRATWIESER, TOM
Address: 9860 COSTA MESA LANE #504
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DVP () Delete
Name: BAILEY, FRED
Address: 9855 COSTAMESA LN. #402
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DVP () Delete
Name: VERDERBEN, CLIFFORD
Address: 9851 COSTA MESA LN. #305
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DVP (X) Change () Addition
Name: HICKMAN, BRYSON
Address: 9851 COSTA MESA LN. #302
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DVP (X) Change () Addition
Name: LOUGHRAN, JIM
Address: 9855 COSTAMESA LN. #407
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D (X) Change () Addition
Name: KOLAR, BUD
Address: 9856 COSTA MESA LN. #603
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby certify that the information supplied with this filing does not qualify for the 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 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

DP

04/25/2003

Electronic Signature of Signing Officer or Director

Date