FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004941 (0)

1. Corporation Name

SPANISH WELLS COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9801 TREASURE CAY LANE BONITA SPRINGS FL 33923	9801 TREASURE CAY LANE BONITA SPRINGS FL 33923

3. Date Incorporated or Qualified: 10/07/1994
3a. Date of Last Report: 04/26/1995

2. Principal Place of Business — 21: P.O. Box 2253
2a. Mailing Address — 26: P.O. Box 2253
4. FEI Number: 65-0534295 ☐ Applied For ☐ Not Applicable
22: Suite, Apt. #, etc.
27: Suite, Apt. #, etc.
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
23: City & State: BONITA SPRINGS, FL
28: City & State: BONITA SPRINGS, FL
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
24: Zip: 33959 — 25: Country: USA
29: Zip: 33959 — 30: Country: USA
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

BOZE, JOANNA D
9801 TREASURE CAY LANE
BONITA SPRINGS FL 33923

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCLAUGHLIN, JAMES C		1.2 NAME		
STREET ADDRESS	28441 VERDE LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 33923		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROGERS, HAL		2.2 NAME		
STREET ADDRESS	28436 HIGHGATE DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 33923		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HELLWEGE, RICHARD		3.2 NAME		
STREET ADDRESS	28499 LAS PALMAS CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 33923		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GAINER, RICHARD C		4.2 NAME		
STREET ADDRESS	9801 TREASURE CAY LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 33923		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MCARDLE, DAVID A		5.2 NAME		
STREET ADDRESS	9801 TREASURE CAY LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 33923		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	KEPLEY, RICHARD B		6.2 NAME		
STREET ADDRESS	9801 TREASURE CAY LANE		6.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 33923		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Richard C Gainer RICHARD C GAINER 3/4/96 941 495 7930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #