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Mar 03 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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 34135
US**

**9801 TREASURE CAY LANE
BONITA SPRINGS FL 34135
US**

3. Date Incorporated or Qualified

10/07/1994

4. FEI Number

65-0534295

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

6. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOZE, JOANNA D
9801 TREASURE CAY LANE
BONITA SPRINGS FL 34135**

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

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 **PD** ☒ DELETE
NAME **MCLAUGHLIN, JAMES C**
STREET ADDRESS **28441 VERDE LANE**
CITY-ST-ZIP **BONITA SPRINGS FL 33923**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **WILLIAM SEYMOUR**
1.3 STREET ADDRESS **28439 DEL LAGO WAY**
1.4 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE **D** ☐ DELETE
NAME **DELUA, TONY**
STREET ADDRESS **28000 SPANISH WELLS BLVD**
CITY-ST-ZIP **BONITA SPRINGS FL**

2.1 TITLE **VPD** ☐ Change ☒ Addition
2.2 NAME **JACK VINCENT**
2.3 STREET ADDRESS **28614 HIGHTGATE DR**
2.4 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE **SD** ☒ DELETE
NAME **HELLWEGE, RICHARD**
STREET ADDRESS **28499 LAS PALMAS CIRCLE**
CITY-ST-ZIP **BONITA SPRINGS FL 33923**

3.1 TITLE **SD** ☐ Change ☒ Addition
3.2 NAME **HELEN GUTHGIL**
3.3 STREET ADDRESS **9191 LAS MADERAS DR**
3.4 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE **T** ☐ DELETE
NAME **GAINER, RICHARD**
STREET ADDRESS **9801 TREASURE CAY LANE**
CITY-ST-ZIP **BONITA SPRINGS FL 33923**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **PATE, STEVE**
STREET ADDRESS **28000 SPANISH WELLS BLVD**
CITY-ST-ZIP **BONITA SPRINGS FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

Richard C. Gainer

2/23/98

CR2037 (10/97)