FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 SEP 28 PM 12:10

DOCUMENT # N94000004941 (CO)

1. Corporation Name
Spanish Wells Community Association, Inc.

Principal Place of Business
9801 Treasure Cay Lane
P.O. Box 2253
Bonita Springs, FL. 34135

Mailing Address
P.O Box 2253
Bonita Springs, Fla.
34133.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26 P.O. Box 2253	10/07/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0534295 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 BONITA SPRINGS	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 34133 Country 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

Boze, Joanna D.
9801 Treasure Cay Lane
Bonita Springs. Fla 34135

10. Name and Address of New Registered Agent

81 Name: William T. Seymour, President
82 Street Address (P.O. Box Number is Not Acceptable): P.O. Box
83: 28459 Del Lago Way
84 City: Bonita Springs FL 85 Zip Code: 34135

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: William T. Seymour — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — W T Seymour — DATE: 9/20/99

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President, PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	William T. Seymour		1.2 NAME	
STREET ADDRESS	28459 Del Lago Way		1.3 STREET ADDRESS	400003006284--4
CITY-ST-ZIP	Bonita Springs Fla. 34135		1.4 CITY-ST-ZIP	-10/05/99--01094--018 *****61.25 *****61.25
TITLE	Vice President, VPD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Jack Vincent		2.2 NAME	
STREET ADDRESS	28614 Highgate Dr.		2.3 STREET ADDRESS	
CITY-ST-ZIP	Bonita Springs Fla 34135		2.4 CITY-ST-ZIP	
TITLE	Secretary, SD	☑ DELETE	3.1 TITLE	Secretary, SD ☐ Change ☑ Addition
NAME	Helen Guthiel		3.2 NAME	Lydia Van Hoven
STREET ADDRESS	9191 Los Moderos Dr.		3.3 STREET ADDRESS	28432 Highgate Dr.
CITY-ST-ZIP	Bonita Springs Fla 34135		3.4 CITY-ST-ZIP	Bonita Springs. Fla 34135
TITLE	Treasurer, T	☑ DELETE	4.1 TITLE	Treasurer ☐ Change ☑ Addition
NAME	Richard Gainer		4.2 NAME	Rudy Greutert
STREET ADDRESS	9801 Treasure Cay Lane		4.3 STREET ADDRESS	28423 Del Lago Way
CITY-ST-ZIP	Bonita Springs Fla 34135		4.4 CITY-ST-ZIP	Bonita Springs Fla 34135
TITLE	Director, D	☑ DELETE	5.1 TITLE	Director, D ☐ Change ☑ Addition
NAME	Steve Pate		5.2 NAME	Wendell McGrath
STREET ADDRESS	28000 Spanish Wells Blvd		5.3 STREET ADDRESS	28889 Sombrero Dr.
CITY-ST-ZIP	Bonita Springs Fla 34135		5.4 CITY-ST-ZIP	Bonita Springs. Fla 34135
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: W. T. Seymour — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: W. T. SEYMOUR — Date: 9/20/99 — Daytime Phone #: 941-495-6504