2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # N 9 4 00 000 49 41 Jul 19, 2000 8:00 am SPANISH WELLS COMMUNITY FAC. **Secrétary of State** 07-19-2000 90152 023 \*\*\*\*61.25 Principal Place of Business Mailing Address P.O. BOX 2256 9801 TREASURE CAY LANE P.O. BOX 2253 BONITA SPRINGS FL BON: TA SPRINGS FL34135US 2. Principal Place of Business Suite, Apt. #, etc... Suite, Apt. #, etc ----DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State C 50534295 Not Applicable \$8.75 Additional Zip Ζiρ Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TAMES BURNES Street Address (P.O. Box Number is Not Acceptable)
9060 PALMAS GRANE LN 206 Zip Code BONITA SPRINGS 8. 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 7/4/00 THE COURT OF THE PARTY OF THE P 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FEE IS \$61:25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. TITLE ☐ Delete TITLE TAMES BURNES 9060 PALMAS GRANE IN 20C NAME NAME STREET ADDRESS PD STREET ADDRESS BONITA SPRINGS FL 34135 CITY-ST-ZIP CITY-ST-ZIP RICHARD HELL WEGE Change Delete TITLE 9755 ALHAM BAALN NAME NAME STREET ADDRESS STREET ADDRESS BONITA SPRINGS, FL 34135 CITY-ST-ZIP CITY-ST-ZIP JACQUELINE BURNS ☐ Delete TITLE 28 514 HIGH GATE DRIVE NAME STREET ADDRESS STREET ADDRESS BONITH SPRINGS FL 34135 CITY-ST-ZIP CITY-ST-ZIP RUDOL PH GREUTERT ☐ Change Addition □ Delete TITLE TITLE 28423 DEL LAGOWAY STREET ADDRESS STREET ADDRESS BONITA SPRINGS FL34135 CITY-ST-ZIP CITY-ST-ZIF WILLIAM T. SEYMOOR 28459 DELLAGO WAY Delete Addition TITLE NAME NAME 2NOVP D BONITH SPAINCS FL STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY - ST- ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section (9.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED O

TO 2000 UNIFORM ATTACHMENT REPORT (UBR) BUS INESS

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FOR SPANISH WELLS COMMUNITY ABILISM ASSOCIATION, INC.

BOX 11 (CONT.)

7/4/00/B

DON MCGAATA

28389 SOM BAERO

BONITA SPRINCS FL 34135

THOMAS O'ROURKE

28617 HIGHGATE DRIVE

BONITA SPRINGS FL 34135

CHAISTINE SWANSON

8951 COSTA MESA LANE #30 BONITA SPRINGS FL 34/35

ROBERT VANDEGRIFT

9001 LAS MADERAS DR #102

BONITA SPRINGS FL 34135

JOANNA BOZE

9801 TREASURE CAY BONITA SPRINGS FL 34135

KEITH CANT WELL

9801 TREASURE CA; BONITA SPAING S, FL 34/35

TAMES WHITMORE

9801 TREASURE CAY

BONITA SPA; NOS, FL. 34135

9060 Palmas Grande Blvd. #206 Bonita Springs, FL 34135