

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90003 025 \*\*\*\*70.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                          |                                                                                            |                                                                                                                                                                                                                                                                 |                                                                                                                   |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # N94000004941</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                          |                                                                                            |                                                                                                                                                                                                                                                                 |                                                                                                                   |                                                                              |
| <b>1. Entity Name</b><br>SPANISH WELLS COMMUNITY ASSOCIATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                          |                                                                                            |                                                                                                                                                                                                                                                                 |                                                                                                                   |                                                                              |
| <b>Principal Place of Business</b><br><del>9801 TREASURE CAY LANE</del><br><del>P.O. BOX 2253</del><br>BONITA SPRINGS, FL 34135 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                          |                                                                                            | <b>Mailing Address</b><br>P.O. BOX 2253<br>BONITA SPRINGS, FL 34133                                                                                                                                                                                             |                                                                                                                   |                                                                              |
| <b>2. Principal Place of Business</b><br>9200 Bonita Beach Rd.<br>Suite, Apt. #, etc.<br>113                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                          | <b>3. Mailing Address</b><br>SWCA<br>P.O. Box 2253                                         |                                                                                                                                                                                                                                                                 | <b>54025826</b><br>                                                                                               |                                                                              |
| City & State<br>Bonita Springs, FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                          | City & State<br>Bonita Springs, FL                                                         |                                                                                                                                                                                                                                                                 | <b>4. FEI Number</b><br>65-0534295                                                                                |                                                                              |
| Zip<br>34135                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                          | Zip<br>34133                                                                               |                                                                                                                                                                                                                                                                 | <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                                              |
| <b>6. Name and Address of Current Registered Agent</b><br>ADAMS, JOSEPH E ESQ<br>44241 METROPOLIS AVE<br>SUITE 400<br>FT MYERS, FL 33912-0000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                          |                                                                                            | <b>7. Name and Address of New Registered Agent</b><br>Name: Wade Ford, Community Manager<br>Street Address (P.O. Box Number is Not Acceptable): Spanish Wells Community Association, Inc.<br>9200 Bonita Beach Rd., Suite 113<br>City: Bonita Springs, FL 34135 |                                                                                                                   |                                                                              |
| <b>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. I am familiar with, and accept the obligations of registered agent.</b><br>SIGNATURE: <u>Wade Ford</u> <u>Wade Ford</u> <u>3/12/04</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE</small>                                                                                                                                                                                  |                                                                          |                                                                                            |                                                                                                                                                                                                                                                                 |                                                                                                                   |                                                                              |
| <b>Filing Fee is \$61.25 Due by May 1, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                          | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                                                                                                                 | <b>\$5.00 May Be Added to Fees</b>                                                                                |                                                                              |
| <b>Make check payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                          |                                                                                            |                                                                                                                                                                                                                                                                 |                                                                                                                   |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                          |                                                                                            | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                                                                                                    |                                                                                                                   |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | VPD<br>O'ROURKE, THOMAS<br>28617 HIGHGATE DR<br>BONITA SPRINGS, FL 34135 | <input checked="" type="checkbox"/> Delete                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                  | P/D<br>Tom O'Rourke<br>28513 Highgate Dr.<br>Bonita Springs, FL 34135                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | SD<br>MEAD, SANDRA L<br>27151 HARBOUR DRIVE<br>BONITA SPRINGS, FL 34135  | <input checked="" type="checkbox"/> Delete                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                  | VPD<br>Wayne Varady<br>9789 Alhambra Lane<br>Bonita Springs, FL 34135                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TD<br>MAHAN, JOAN<br>9141 LOS LAGOS CT #202<br>BONITA SPRINGS, FL 34135  | <input checked="" type="checkbox"/> Delete                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                  | S/T/D<br>Roy Altman<br>9904 Treasure Cay Lane<br>Bonita Springs, FL 34135                                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                          | <input type="checkbox"/> Delete                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                  | D<br>Patrick Casey<br>28430 Sombrero Drive<br>Bonita Springs, FL 34135                                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                          | <input type="checkbox"/> Delete                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                  | D<br>John Klosterman<br>25825 Hickory Blvd.<br>Bonita Springs, FL 34134                                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                          | <input type="checkbox"/> Delete                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                  | D<br>James Burnes<br>9060 Palmas Grande #206<br>Bonita Springs, FL 34135                                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>12. 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 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.</b> |                                                                          |                                                                                            |                                                                                                                                                                                                                                                                 |                                                                                                                   |                                                                              |
| <b>SIGNATURE:</b> <u>Thomas M. O'Rourke</u> <u>3/12/04</u> <u>2399474376</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                          |                                                                                            |                                                                                                                                                                                                                                                                 |                                                                                                                   |                                                                              |

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Attachment  
57025826

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                     |                                                                                                                                                                                                                                                                                   |                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # N94000004941</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                     |                                                                                                                                                                                                                                                                                   |                                                                                                                                                          |
| <b>1. Entity Name</b><br>SPANISH WELLS COMMUNITY ASSOCIATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                     |                                                                                                                                                                                                                                                                                   |                                                                                                                                                          |
| <b>Principal Place of Business</b><br>9801 TREASURE CAY LANE<br>P.O. BOX 2253<br>BONITA SPRINGS, FL 34135 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                     | <b>Mailing Address</b><br>P.O. BOX 2253<br>BONITA SPRINGS, FL 34133                                                                                                                                                                                                               |                                                                                                                                                          |
| <b>2. Principal Place of Business</b><br>9200 Bonita Beach Rd.<br>Suite, Apt. #, etc.<br>113<br>City & State<br>Bonita Springs, FL<br>Zip<br>34135 Country<br>US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                     | <b>3. Mailing Address</b><br>SWCA<br>Suite, Apt. #, etc.<br>P.O. Box 2253<br>City & State<br>Bonita Springs, FL 34133<br>Zip<br>34133 Country<br>US                                                                                                                               |                                                                                                                                                          |
| <b>4. FEI Number</b><br>65-0534295                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                     | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                                                                            |                                                                                                                                                          |
| <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                     | <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                             |                                                                                                                                                          |
| <b>6. Name and Address of Current Registered Agent</b><br>ADAMS, JOSEPH E ESQ.<br>14241 METROPOLIS AVE<br>SUITE 100<br>FT MYERS, FL 33912-0000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                     | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Wade Ford, Community Manager<br>Street Address (P.O. Box Number is Not Acceptable)<br>Spanish Wells Community Association, Inc.<br>9200 Bonita Beach Rd., Suite 113<br>City<br>Bonita Springs, FL Zip Code<br>34135 |                                                                                                                                                          |
| <b>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. I am familiar with, and accept the obligations of registered agent.</b><br>SIGNATURE <u>Wade Ford</u> <u>Wade Ford</u> <u>3/12/04</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>                                                                                                                                                                                    |                                                                                                                     |                                                                                                                                                                                                                                                                                   |                                                                                                                                                          |
| <b>Filing Fee is \$61.25 Due by May 1, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                     | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                                                                                                     |                                                                                                                                                          |
| <b>Make check payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                     |                                                                                                                                                                                                                                                                                   |                                                                                                                                                          |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                                                                                                                      |                                                                                                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | VPD<br>O'ROURKE, THOMAS<br>28617 HIGHGATE DR<br>BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | SD<br>MEAD, SANDRA L<br>27151 HARBOUR DRIVE<br>BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TD<br>MAHAN, JOAN<br>9141 LOS LAGOS CT #202<br>BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                    | Joanna Boze<br>24880 Burnt Pine Drive #8<br>Bonita Springs, FL 34134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                    | Doug Burnham<br>9801 Treasure Cay Lane<br>Bonita Springs, FL 34135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                    | Brian Hopke<br>14001 Lake Mahogany Blvd., Suite 2211<br>Ft. Myers, FL 33907 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>12. 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 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.</b> |                                                                                                                     |                                                                                                                                                                                                                                                                                   |                                                                                                                                                          |
| SIGNATURE: <u>Thomas M. O'Rourke</u> <u>3/12/04</u> <u>2399474376</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                     |                                                                                                                                                                                                                                                                                   |                                                                                                                                                          |