2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 05, 2004 8:00 am Secretary of State DOCUMENT # N94000004941 04-05-2004 90003 025 ****70.00 SPANISH WELLS COMMUNITY ASSOCIATION, INC. Principal Place of Business Mailing Address 9801 TREASURE CAY LANE P.O. BOX 2253 P.O. BOX 2253 BONITA SPRINGS, FL 34133 54025826 BONITA SPRINGS, FL 34135 3. Mailing Address 2. Principal Place of Business 9200 Bonita SWCA 01062004 Chq-NP CR2E037 (10/03) 113 P. D. Box 2251 Applied For City & State 4. FEI Number 65-0534295 Bon:ta Not Applicable Bonit \$8.75 Additional 5. Certificate of Status Desired Fee Required 34133 US 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ADAMS, JOSEPH E ESQ. 44241 METROPOLIS AVE **SUITE-100** FT MYERS, FL 33912-0000 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 Wade SIGNATURE ne of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 Florida Department of State Trust Fund Contribution. Added to Fees Due by May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition VPD TITLE Defete. TOH O'fouth O'ROURKE, THOMAS NAME NAME 18513 Hishsate Dr. STREET ADDRESS 28617 HIGHGATE DR STREET ADDRESS Bonita Springs, FL 34135 CITY-ST-ZIP BONITA SPRINGS, FL 34135 CITY-ST-7/P TATLE TITLE WAVNE Varady MEAD, SANDRA L NAME 9789 Alhambra Lane STREET ADDRESS STREET ADDRESS 27151 HARBOUR DRIVE CITY-ST-7IP Bonita Springs, FC 34175 BONITA SPRINGS, FL 34135 CITY-ST-ZIP - Delete THE TITLE MAHAN, JOAN NAME Roy Altman NAME 9141 LOS LAGOS CT #202 STREET ADDRESS STREET ADDRESS 9904 Treasuer Cay-Ronita Springs, FUZ CITY-ST-ZIP BONITA SPRINGS, FL 34135 CITY-ST-ZIP Addition ☐ Delete TITLE TITLE Patrick Casey 28430 Sombrero Drive NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Bonita Springs, Fl 34135 ☐ Delete TITLE TITLE NAME NAME 25825 Hickory Blux. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME James Burnes NAME 9060 Palmas Grande # 206 STREET ADDRESS STREET ADDRESS 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 Statutés. 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 peport 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 in address, with ell other like empowered. how + 1 M. O' Roun Ke 3/12/04 239947437

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