2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State
03-14-2005 90086 042 ****61.25

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1. Entity Name
SPANISH WELLS COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9200 BONITA BEACH RD. BONITA SPRINGS, FL 34135 US	SWCA PO BOX 2253 BONITA SPRINGS, FL 34133

01102005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
9200 Bonita Beach Rd.	
Suite, Apt. #, etc. Suite 113	Suite, Apt. #, etc.
City & State Bonita Springs, FL	City & State
Zip / Country 34135 / US	Zip / Country

4. FEI Number
65-0534295
☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FORD, WADE 9200 BONITA BEACH RD. BONITA SPRINGS, FL 34135	FORD, WADE 9200 BONITA BEACH RD. #113 BONITA SPRINGS, FL 34135 Zip Code

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.

SIGNATURE: J Wade Ford DATE: 2/28/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD O'BOUKE, TOM 28513 HIGHGATE DR. BONITA SPRINGS, FL 34135	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD O'ROURKE, THOMAS 28513 HIGHGATE DR. BONITA SPRINGS, FL 34135	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD VARADY, WAYNE 9789 ALAMBRA LANE BONITA SPRINGS, FL 34135	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD VARADY, WAYNE 9789 ALHAMBRA LANE BONITA SPRINGS, FL 34135	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD ALTMAN, ROY 9904 TREASUER CAY LANE BONITA SPRINGS, FL 34135	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ALTMAN, ROY 9904 TREASURE CAY LANE BONITA SPRINGS, FL 34135	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CASEY, PATRICK 28430 SOMBRERO DRIVE BONITA SPRINGS, FL 34135	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CASEY, PATRICK 28430 SOMBRERO DRIVE BONITA SPRINGS, FL 34135	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KLOSTERMAN, JOHN 25825 HICKORY BLVD. BONITA SPRINGS, FL 34134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURNES, JAMES 9060 PALMES GRANDE #206 BONITA SPRINGS, FL 34135	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURNES, JAMES 9060 PALMAS GRANDE #206 BONITA SPRINGS, FL 34135	☑ Change ☐ Addition

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.

SIGNATURE: [signature] President 3/1/05 2399474376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #