

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90149 012 \*\*\*\*61.25

**DOCUMENT # N94000004941**

1. Entity Name  
**SPANISH WELLS COMMUNITY ASSOCIATION, INC.**



Principal Place of Business  
**9200 BONITA BEACH BLVD.  
SUITE 113  
BONITA SPRINGS, FL 34135 US**

Mailing Address  
**SWCA  
PO BOX 2253  
BONITA SPRINGS, FL 34133**

**50012115**



03222006 Chg-NP CR2E037 (11/05)

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**

**FORD, WADE  
9200 BONITA BEACH RD.  
#113  
BONITA SPRINGS, FL 34135**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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

Signature, typed or printed name of registered agent and the fee payable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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**

|                 |                                     |                                            |
|-----------------|-------------------------------------|--------------------------------------------|
| TITLE           | <del>PO</del>                       | <input checked="" type="checkbox"/> Delete |
| NAME            | <del>O'Rourke, Thomas</del>         |                                            |
| STREET ADDRESS  | <del>28543 HIGHGATE DR.</del>       |                                            |
| CITY - ST - ZIP | <del>BONITA SPRINGS, FL 34135</del> |                                            |
| TITLE           | <del>VPB</del>                      | <input checked="" type="checkbox"/> Delete |
| NAME            | <del>VARADY, WAYNE</del>            |                                            |
| STREET ADDRESS  | <del>6780 ALHAMBRA LANE</del>       |                                            |
| CITY - ST - ZIP | <del>BONITA SPRINGS, FL 34135</del> |                                            |
| TITLE           | TD                                  | <input type="checkbox"/> Delete            |
| NAME            | ALTMAN, ROY                         |                                            |
| STREET ADDRESS  | 9904 TREASUER CAY LANE              |                                            |
| CITY - ST - ZIP | BONITA SPRINGS, FL 34135            |                                            |
| TITLE           | <del>SD</del>                       | <input checked="" type="checkbox"/> Delete |
| NAME            | <del>CASEY, PATRICK</del>           |                                            |
| STREET ADDRESS  | <del>28430 SOMBRERO DRIVE</del>     |                                            |
| CITY - ST - ZIP | <del>BONITA SPRINGS, FL 34135</del> |                                            |
| TITLE           | D                                   | <input type="checkbox"/> Delete            |
| NAME            | KLOSTERMAN, JOHN                    |                                            |
| STREET ADDRESS  | 25825 HICKORY BLVD.                 |                                            |
| CITY - ST - ZIP | BONITA SPRINGS, FL 34134            |                                            |
| TITLE           | <del>D</del>                        | <input checked="" type="checkbox"/> Delete |
| NAME            | <del>BURNES, JAMES</del>            |                                            |
| STREET ADDRESS  | <del>9060 PALMAS GRANDE #206</del>  |                                            |
| CITY - ST - ZIP | <del>BONITA SPRINGS, FL 34135</del> |                                            |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|                 |                          |                                                                              |
|-----------------|--------------------------|------------------------------------------------------------------------------|
| TITLE           | <del>PO</del>            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            | Varady, Wayne J.         |                                                                              |
| STREET ADDRESS  | 9789 Alhambra Lane       |                                                                              |
| CITY - ST - ZIP | Bonita Springs, FL 34135 |                                                                              |
| TITLE           | V/O                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            | Casey, Patrick C.        |                                                                              |
| STREET ADDRESS  | 28430 Sombrero Drive     |                                                                              |
| CITY - ST - ZIP | Bonita Springs, FL 34135 |                                                                              |
| TITLE           |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME            |                          |                                                                              |
| STREET ADDRESS  |                          |                                                                              |
| CITY - ST - ZIP |                          |                                                                              |
| TITLE           | S/D                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            | James, Burnes            |                                                                              |
| STREET ADDRESS  | 9060 Palmas Grande #206  |                                                                              |
| CITY - ST - ZIP | Bonita Springs, FL 34135 |                                                                              |
| TITLE           |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME            |                          |                                                                              |
| STREET ADDRESS  |                          |                                                                              |
| CITY - ST - ZIP |                          |                                                                              |
| TITLE           | D                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME            | Jovan, George            |                                                                              |
| STREET ADDRESS  | 28699 Megan Drive        |                                                                              |
| CITY - ST - ZIP | Bonita Springs, FL 34135 |                                                                              |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Roy G. Altman*, Treasurer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-06 (219) 498-0723  
Date Date to Report

**ROY G. ALTMAN, Treasurer**