2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# N94000004941

Entity Name: SPANISH WELLS COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

9200 BONITA BEACH BLVD.
SUITE 113
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

9200 BONITA BEACH RD.
SUITE 113
BONITA SPRINGS, FL 34135 US

Current Mailing Address:

SWCA
PO BOX 2253
BONITA SPRINGS, FL 34133

New Mailing Address:

FEI Number: 65-0534295 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: VARADY, WAYNE J
Address: 9789 ALHAMBRA LN
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VD ( ) Delete
Name: BURNES, JAMES
Address: 9060 PALMAS GRANDE #206
City-St-Zip: BONITA SPRINGS, FL 34135

Title: SD ( ) Delete
Name: GRIFFITH, JAMES A
Address: 9252 SPANISH MASS WAY
City-St-Zip: BONITA SPRINGS, FL 34135

Title: TD ( ) Delete
Name: ALTMAN, MARJIE
Address: 9904 TREASURE CAY LANE
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: VARADY, WAYNE J
Address: 9789 ALHAMBRA LN.
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VD (X) Change ( ) Addition
Name: BURNES, JAMES
Address: 9060 PALMAS GRANDE BLVD. #206
City-St-Zip: BONITA SPRINGS, FL 34135

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: WOLFE, CHARLES
Address: 28395 HIGHGATE DR.
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES BURNES VD 03/02/2009

Electronic Signature of Signing Officer or Director — Date