2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2018
Secretary of State
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Entity Name: SPANISH WELLS GOLF CONDOMINIUMS ASSOCIATION, INC.

Current Principal Place of Business:

C/O RESORT MANAGEMENT
2685 HORSESHOE DR. S. SUITE # 215
NAPLES, FL 34104

Current Mailing Address:

C/O RESORT MANAGEMENT
2685 HORSESHOE DR. S. SUITE # 215
NAPLES, FL 34104 US

FEI Number: 65-0303292

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAMILTON MIKES, P.A.
265 AIRPORT RD S
NAPLES, FL 34104 US

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: JASON HAMILTON MIKES 04/12/2018

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	VP	Title	SECRETARY
Name	FISHER, GARY	Name	MCDERMOTT, JAMES
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR. S. SUITE # 215	Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR. S. SUITE # 215
City-State-Zip:	NAPLES FL 34104	City-State-Zip:	NAPLES FL 34104
Title	PRESIDENT	Title	DIRECTOR
Name	FAIRRIE, ARTHUR	Name	JIM, ROGERS
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR. S. SUITE # 215	Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR. S. SUITE # 215
City-State-Zip:	NAPLES FL 34104	City-State-Zip:	NAPLES FL 34104
Title	TREASURER		
Name	LUNDRY, ROBERT		
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR. S. SUITE # 215		
City-State-Zip:	NAPLES FL 34104		

I hereby 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 all other like empowered.

SIGNATURE: ARTHUR FAIRRIE PRESIDENT 04/12/2018

Electronic Signature of Signing Officer/Director Detail — Date