2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004941

Entity Name: SPANISH WELLS COMMUNITY ASSOCIATION, INC.

FILED Apr 30, 2018 Secretary of State CC2887825988

Current Principal Place of Business:

9240 BONITA BEACH RD.

STE 3318

BONITA SPRINGS, FL 34135

Current Mailing Address:

9240 BONITA BEACH RD.

STE 3318

BONITA SPRINGS, FL 34135 US

FEI Number: 65-0534295 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, P.A. 4001 TAMIAMI TRAIL NORTH, SUITE 410 NAPLES, FL 34103 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: SARAH SPECTOR 04/30/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title 1ST VICE PRESIDENT, TREASURER Title DIRECTOR HINES. WALTER Name Name FLOYD, GOBLE

Address 9240 BONITA BEACH RD. Address 9240 BONITA BEACH RD.

STE 3318

STE 3318

BONITA SPRINGS FL 34135 BONITA SPRINGS FL 34135 City-State-Zip: City-State-Zip:

Title 2ND VICE PRESIDENT Title DIRECTOR

VOELKER, PHILLIP HUGHSON, JACK Name Name

9240 BONITA BEACH RD. 9240 BONITA BEACH RD. Address Address

STE 3318 STE 3318

BONITA SPRINGS FL 34135 BONITA SPRINGS FL 34135 City-State-Zip: City-State-Zip:

Title **PRESIDENT** Title SECRETARY

VANDERGRIFT, R.W. PAULHAMUS, RICH Name Name

9240 BONITA BEACH RD. 9240 BONITA BEACH RD. Address Address

> STE 3318 STE 3318

BONITA SPRINGS FL 34135 BONITA SPRINGS FL 34135 City-State-Zip: City-State-Zip:

Title **DIRECTOR** Title **DIRECTOR**

Name WILKINS, SCOTT Name DAUGHERTY, LYNN

Address 9240 BONITA BEACH RD. 9240 BONITA BEACH RD. Address

STE 3318 STE 3318

BONITA SPRINGS FL 34135 City-State-Zip: **BONITA SPRINGS FL 34135** City-State-Zip:

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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.

04/30/2018 SIGNATURE: R.W. VANDERGRIFT PRESIDENT

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR
Name FAIRRIE, ART

Address 9240 BONITA BEACH RD.

STE 3318

City-State-Zip: BONITA SPRINGS FL 34135