2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004941

Entity Name: SPANISH WELLS COMMUNITY ASSOCIATION, INC.

FILED Feb 27, 2025 Secretary of State 7841944801CC

Current Principal Place of Business:

9821 TREASURE CAY LANE BONITA SPRINGS. FL 34135

Current Mailing Address:

9821 TREASURE CAY LANE BONITA SPRINGS, FL 34135 US

FEI Number: 65-0534295 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GOEDE, DEBOEST & CROSS, PLLC 2030 MC GREGOR BLVD. FORT MYERS, FL 33901 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: RICHARD D DEBOEST 02/27/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title	SECRETARY	Title	TREASURER

Name DOYLE, EDWARD Name BARNES, NICHOLAS

Address 9821 TREASURE CAY LANE Address 9821 TREASURE CAY LANE
City-State-Zip: BONITA SPRINGS FL 34135 City-State-Zip: BONITA SPRINGS FL 34135

Title PRESIDENT Title DIRECTOR
Name HARTER JOHN Name REGAN, BR

Name HARTER, JOHN Name REGAN, BRIAN

Address 9821 TREASURE CAY I ANE Address 9821 TREASURE

Address 9821 TREASURE CAY LANE Address 9821 TREASURE CAY LANE

City-State-Zip: BONITA SPRINGS FL 34135

City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR Title DIRECTOR

Name WILKINS, SCOTT Name KING, JOHN

Address 9821 TREASURE CAY LANE Address 9821 TREASURE CAY LANE
City-State-Zip: BONITA SPRINGS FL 34135
City-State-Zip: BONITA SPRINGS FL 34135

Title VP Title DIRECTOR

Name EISNER, KENNETH Name ZWEIGHAFT, STUART

Address 9821 TREASURE CAY LANE Address 9821 TREASURE CAY LANE

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

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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.

SIGNATURE: EDWARD DOYLE SECRETARY

Electronic Signature of Signing Officer/Director Detail

02/27/2025 Date

Officer/Director Detail Continued:

Title DIRECTOR

Name SMITH , JOSEPH

Address 9821 TREASURE CAY LANE
City-State-Zip: BONITA SPRINGS FL 34135