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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **746321** (9)

1. Corporation Name

SPANISH WELLS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
28410 TASLA DR. BONITA SPGS. FL 33923 US	PHASE 1 P.O. BOX 2688 BONITA SPRINGS FL 33959 US

3. Date Incorporated or Qualified: 03/20/1979
3a. Date of Last Report: 01/24/1994
4. FEI Number: 59-2022320 (Applied For / Not Applicable)

2. Principal Place of Business
21: 28344 TASCA DR
22: Suite, Apt. #, etc.
23: City & State: BONITA SPRINGS, FL
24: Zip: 33923 25: Country: USA

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip 30: Country

5. Certificate of Status Desired — $8.75 Additional Fee Required (NO)
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status (NO) — $68.75 Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BATCHELOR, DAN E
P O BOX 1899/27365 OLD 41 RD SOUTHEAST
(POST OFFICE BOX 1899)
BONITA SPRINGS FL 33959

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☐ Change ☒ Addition
NAME	ALBRIGHT, ROBERT	12 NAME	ROBERT MILLS	
STREET ADDRESS	9936 TREASURE CAY LN.	13 STREET ADDRESS	9957 TREASURE CAY LN	
CITY-ST-ZIP	BONITA SPRINGS FL	14 CITY-ST-ZIP	BONITA SPRINGS, FL 33923	
TITLE	~~PD~~ D	21 TITLE	D	☒ Change ☐ Addition
NAME	COOKE, EARL	22 NAME	COOKE, EARL	
STREET ADDRESS	28410 TASCA DR	23 STREET ADDRESS	28410 TASCA DR	
CITY-ST-ZIP	BONITA SPRINGS FL	24 CITY-ST-ZIP	BONITA SPRINGS, FL 33923	
TITLE	~~SD~~	31 TITLE	PD	☐ Change ☒ Addition
NAME	~~BOYNTON, DOROTHY~~	32 NAME	DONALD R. HODGES	
STREET ADDRESS	~~9988 TREASURE CAY LANE~~	33 STREET ADDRESS	28344 TASCA DR	
CITY-ST-ZIP	~~BONITA SPRINGS FL~~	34 CITY-ST-ZIP	BONITA SPRINGS, FL 33923	
TITLE	TD	41 TITLE	D	☐ Change ☒ Addition
NAME	GAINER, RICHARD C.	42 NAME	EDWARD SUSWICK	
STREET ADDRESS	9961 TREACURE CAY LN.	43 STREET ADDRESS	9948 TREASURE CAY LN	
CITY-ST-ZIP	BONITA SPRINGS FL	44 CITY-ST-ZIP	BONITA SPRINGS, FL 33923	
TITLE	~~D~~	51 TITLE	D	☐ Change ☒ Addition
NAME	~~FULTON, RICHARD~~	52 NAME	DEW GRANT	
STREET ADDRESS	~~9944 TREASURE CAY LN.~~	53 STREET ADDRESS	28372 TASCA DR	
CITY-ST-ZIP	~~BONITA SPRINGS FL~~	54 CITY-ST-ZIP	BONITA SPRINGS, FL 33923	
TITLE	~~PD~~	61 TITLE		☐ Change ☐ Addition
NAME	~~DONALD R. HODGES~~	62 NAME		
STREET ADDRESS	~~28344 TASCA DR~~	63 STREET ADDRESS		
CITY-ST-ZIP	~~BONITA SPRINGS, FL~~	64 CITY-ST-ZIP		

$87 4/17,

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard C. Gainer RICHARD C. GAINER 4/20/95 813 495 7930
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0061444