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NONPROFIT CORPORATION ANNUAL REPORT

**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **746321**

1. Corporation Name

**SPANISH WELLS HOMEOWNERS ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 28372 TASCA DR<br>BONITA SPRINGS FL 34135<br>US | SWHA.INC.UNIT 1<br>P.O. BOX 219<br>BONITA SPRINGS FL 34133<br>US |

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21 9927 Treasure Cay Ln | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualifed<br>03/20/1979 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>59-2022320 ☐ Applied For ☐ Not Applicable |
| City & State<br>23 Bonita Springs, FL | City & State<br>28 | 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required |
| Zip / Country<br>24 34135 25 USA | Zip / Country<br>29 30 | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

**9. Name and Address of Current Registered Agent**

BATCHELOR, DAN E
27365 OLD 41 RD SOUTHEAST
BONITA SPRINGS FL 33959

**10. Name and Address of New Registered Agent**

81 Name: Robert J. Mulle

82 Street Address (P.O. Box Number is Not Acceptable): 9957 Treasure Cay Ln.

83

84 City: Bonita Springs **FL** 85 Zip Code: 34135

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: R. Mulle — 2/15/99 (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 / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HODGES, DONALD R<br>28344 TASCA DR<br>BONITA SPRINGS FL 34135 ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | DP<br>Barensfeld,Charles<br>9927 Treasure Cay Ln<br>Bonita Springs, FL 34135 ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>GRANT, BEN<br>28372 TASLA DRIVE<br>BONITA SPRINGS FL 34135 ☒ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | D<br>Kishbaugh, Dorothy<br>9888 White Sands Pl<br>Bonita Springs, FL 34135 ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>MULLE, ROBERT<br>9957 TREASURE CAY LN<br>BONITA SPRINGS FL 33923 ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | D<br>Savin, George<br>28441 Las Palmas Cir<br>Bonita Springs, FL 34135 ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>RAWSON, DELBERT DR<br>9919 TREASURE CAY LN<br>BONITA SPRINGS FL 34135 ☒ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | D<br>Rowell, Byron<br>9909 White Sands Pl<br>Bonita Springs, FL 34135 ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>WEISBERGER, WM<br>28345 TASCA DR<br>BONITA SPRINGS FL 34135 ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | DVP<br>Suswick, Edward<br>9848 Treasure Cay Ln<br>Bonita Springs, FL 34135 ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MEDIS, NANCY<br>9942 ORTEGA LN<br>BONITA SPRINGS FL 34135 ☒ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

**SIGNATURE:** R. Mulle **REQUIRED** — 2/15/99 (Date) — 941-495-0503 (Daytime Phone #)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR