

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90104 031 ****61.25

DOCUMENT # 746321

1. Entity Name
SPANISH WELLS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
28395 HIGHGATE 9852 TREASURE CAY
BONITA SPRINGS, FL 34135 US

Mailing Address
SWHA, INC. UNIT 1
P.O. BOX 219
BONITA SPRINGS, FL 34133 US

20002320



2. Principal Place of Business
9852 Treasure Cay
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01052006 Chg-NP CR2E037 (11/05)

City & State
Zip Country

4. FEI Number
59-2022320

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GIEVE, TERRY
28395 HIGHGATE
BONITA SPRINGS, FL 34135

7. Name and Address of New Registered Agent
Name
NICKOLAS BARBA
Street Address (P.O. Box Number is Not Acceptable)
9852 Treasure Cay
City
Bonita Springs FL Zip Code
34135

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

1-6-06

(NOTE: Registered Agent signature required when re-registering)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	☒ Delete
NAME	LYONS, WILLIAM	
STREET ADDRESS	9952 TREASURE CAY LANE	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	TD	☐ Delete
NAME	ALTMAN, MARJIE	
STREET ADDRESS	9904 TREASURE CAY LN	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	D	☒ Delete
NAME	BALLOU, WILLIAM	
STREET ADDRESS	9969 TREASURE CAY	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	DS	☐ Delete
NAME	WETZEL, MAUREEN	
STREET ADDRESS	9896 TREASURE CAY	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	D	☐ Delete
NAME	GEORGE, JAN	
STREET ADDRESS	9904 WHITE SANDS	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	D	☐ Delete
NAME	BAILEY, ANN	
STREET ADDRESS	28400 LAS PALMAS CIRCLE	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☐ Change ☒ Addition
NAME	LUZZI, MICHAEL	
STREET ADDRESS	28399 LAS PALMAS CIRCLE	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	D	☐ Change ☒ Addition
NAME	MACDONALD, ROBERT	
STREET ADDRESS	28362 TASCA	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	DP	☐ Change ☒ Addition
NAME	BARBA, NICKOLAS	
STREET ADDRESS	9852 TREASURE CAY	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-06

Date

Daytime Phone #