2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State
02-05-2007 90085 043 ****61.25

DOCUMENT # 746321

1. Entity Name
SPANISH WELLS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9852 TREASURE BAY BONITA SPRINGS, FL 34135 US	SWHA,INC,UNIT 1 P.O. BOX 219 BONITA SPRINGS, FL 34133 US

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02012007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	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

BARBA, NICKOLAS
9952 TREASURE BAY
BONITA SPRINGS, FL 34135

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 ______________________________

Filing Fee is $61.25
Due by May 1, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D LUZZI, MICHAEL 28399 LAS PAL MAS CIR BONITA SPRINGS, FL 34135	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	TD ALTMAN, MARJIE 9904 TREASURE CAY LN BONITA SPRINGS, FL 34135	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D MACDONALD, ROBERT 28362 TASCA BONITA SPRINGS, FL 34135	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DS MAUREEN WETZEL 9896 Treasure Cay Bonita Springs, FL 34135	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DP BARBA, NICKOLAS 9852 TREASURE CAY BONITA SPRINGS, FL 34135	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D GEORGE, JAN 9904 WHITE SANDS BONITA SPRINGS, FL 34135	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D BAILEY, ANA 28400 LAS PALMAS CIRCLE BONITA SPRINGS, FL 34135	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D VANCE FISHER 9941 ORTEGA BONITA SPRINGS, FL 34135	☐ Change ☒ Addition

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: Marjie Altman MARJIE ALTMAN 2-1-07 239-498-0723

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #