

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2007 8:00 am**  
**Secretary of State**

07-19-2007 90022 032 \*\*\*\*61.25

<b>DOCUMENT # 749882</b> 1. Entity Name <b>SPANISH WELLS UNIT TWO HOMEOWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>P.O. BOX 1565 BONITA SPRINGS, FL 34133-1565 US</b>			Mailing Address <b>P.O. BOX 1565 BONITA SPRINGS, FL 34133-1565 US</b>		
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 <b>59-2022318</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MALIN, ROBERT W</b> <i>MARTIN, ROBERT W.</i> <b>28428 SOMBRERO DRIVE</b> <b>BONITA SPRINGS, FL 34135</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CASEY, PATRICK</b>		NAME		
STREET ADDRESS	<b>28430 SOMBRERO DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BONITA SPRINGS, FL 34135</b>		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>TITUS, DONALD</b>		NAME		
STREET ADDRESS	<b>28444 VERDE LANE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BONITA SPRINGS, FL 34135</b>		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MARTIN, ROBERT W</b>		NAME		
STREET ADDRESS	<b>28428 SOMBRERO DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BONITA SPRINGS, FL 34135</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SINGH, G.B.</b>		NAME		
STREET ADDRESS	<b>28428 VERDE LANE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BONITA SPRINGS, FL 34135</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CRIDER, STEVEN</b>		NAME		
STREET ADDRESS	<b>28389 VERDE LANE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BONITA SPRINGS, FL 34135</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MCGRATH, WENDELL</b>		NAME		
STREET ADDRESS	<b>28389 SOMBRERO DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BONITA SPRINGS, FL 34135</b>		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.					
<b>SIGNATURE:</b> <i>Patrick C Casey</i> <b>PATRICK C CASEY</b>			<b>7/16/07</b> <b>239-495-2834</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		