

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766025

FILED
Apr 27, 2005
Secretary of State

Entity Name: SPANISH WELLS GOLF CONDOMINIUM ONE ASSOCIATION, INC.

Current Principal Place of Business:

R & P PROPERTY MGMT
265 AIRPORT RD S
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

R & P PROPERTY MGMT
265 AIRPORT RD S
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 59-2249492

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLENN, CARROLL
R & P PRPOERTY MGMT
265 AIRPORT RD S
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CLAUSEN, KENNETH
Address: 9843 COSTA MESA LN., STE 102
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DST () Delete
Name: THOMAS, FRENTZEL
Address: 9843 COSTA MESA LN, STE 101
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DVP (X) Delete
Name: BENSON, MICHAEL
Address: 9843 COSTA MESA LN #104
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CLAUSEN, KENNETH
Address: 9843 COSTA MESA LN., STE 102
City-St-Zip: BONITA SPRINGS, FL 34135

Title: STD (X) Change () Addition
Name: OTT, RONALD
Address: 9843 COSTA MESA LN, STE 109
City-St-Zip: BONITA SPRINGS, FL 34135

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENN CARROLL

PRES

04/27/2005

Electronic Signature of Signing Officer or Director

Date