2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#766025

FILED Apr 09, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: C/O R & P PROPERTY MGMT 265 AIRPORT RD S NAPLES, FL 34104 **New Mailing Address: Current Mailing Address:** C/O R & P PROPERTY MGMT 265 AIRPORT RD S NAPLES, FL 34104 US FEI Number: 65-0263342 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: R & P PROPERTY MANAGEMENT 265 AIRPORT RD S NAPLES, FL 34104 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: VPD (X) Change () Addition () Delete BENNINGTON, EUGENE C BENNINGTON, EUGENE C Name: Name: 9843 COSTA MESA LANE #110 Address: 9843 COSTA MESA LANE #110 Address: City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: BONITA SPRINGS, FL 34135 (X) Change () Addition Title: () Delete Title: MILLMAN, PHILIP Name: DEMPSEY, DUKE Name: Address: 9843 COSTA MESA LANE #105 Address: 9843 COSTA MESA LANE #108 City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: BONITA SPRINGS, FL 34135 Title: () Delete Title: (X) Change () Addition BENSON, MICHAEL BENSON, MICHAEL Name: Name: 9843 COSTA MESA LANE #104 Address: 9843 COSTA MESA LANE #104 Address: City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: BONITA SPRINGS, FL 34135 Title: STD () Delete Title: () Change () Addition JONES, BILL Name: Name: 9843 COSTA MESA LANE #106 Address: Address: City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: Title: () Delete Title: () Change () Addition FRENTZEL, THOMAS Name: Name: N20W 29566 EAST GLENN COVE RD Address: Address: City-St-Zip: PEWAUKEE, WI 53072 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GENE BENNINGTON PD 04/09/2009