

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2007 08:00 AM
Secretary of State

DOCUMENT # 840720

1. Entity Name
SPANISH WELLS COUNTRY CLUB LTD. (INC.)



Principal Place of Business
**P.O. BOX 64
ST. CHARLES, IL 60174**

Mailing Address
**P.O. BOX 64
ST. CHARLES, IL 60174**



02242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-2973380

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000676733
03/30/07-80072-023 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCARDLE, EDWARD J
5311 CAROLINE
HOUSTON, TX 77005**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
WELTY, RODNEY A
1600 E. MAIN ST, STE B
SAINT CHARLES, IL 60174**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
DEWHIRST, NED E
P O BOX 366879
BONITA SPRINGS, FL 34136**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MCARDLE, DAVID A
1600 E. MAIN ST, STE B
SAINT CHARLES, IL 60174**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 607, 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

Date

Daytime Phone #

RODNEY A. WELTY 3-1-07 630.549.3143