## 2008 FOR PROFIT CORPORATION, ANNUAL REPORT

### **DOCUMENT #840720**

SPANISH WELLS COUNTRY CLUB LTD. (INC.)



**FILED** Apr 21, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

P.O. BOX 64

ST. CHARLES, IL 60174

P.O. BOX 64

ST. CHARLES, IL 60174



### DO NOT WRITE IN THIS SPACE

Applied For 4. FEI Number 36-2973380 Not Applicable

5. Certificate of Status Desired

04092008

\$8.75 Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

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

MCARDLE, DAVID A

1600 E. MAIN ST. STE B

SAINT CHARLES, IL 60174

# DO NOT WRITE

No Chg-P

TALLAHASSEE, FL 32301			IN THIS SPACE			
	named entity submits this statement for the plans of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or b	oth, in the State of Florida. I am familiar with, and acc	cept
SIGNATURE_	Signature, typed or printed name of registered agent and title	fl applicable. (NOTE, Registered	Agent signature	e required when reinstating)	DATE.	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Financ     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	05/07/08-80012-007 150.00	
10. OFFICERS AND DIRECTOR		CTORS				
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		Ē			
TITLE NAME STREET ADDRESS CITY+ST-ZIP	V DEWHIRST, NED E P O BOX 366879 BONITA SPRINGS, FL 34136			DO	NOT WRITE	
TITLE	PD			IAI	THIS SDACE	

12. I nereby 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.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dete Daysume Phone #