FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 26 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N44347 (5)

1. Corporation Name

SPANISH WELLS MASTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9801 TREASURE CAY LN SE PO BOX 2298 BONITA SPRINGS FL 33923	9801 TREASURE CAY LN SE PO BOX 2298 BONITA SPRINGS FL 33923

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
07/16/1991	03/09/1994

4. FEI Number: 65-0275086 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 28000 SPANISH WELLS BLVD	26 28000 SPANISH WELLS BLVD
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: BONITA SPRINGS, FL	28 City & State: BONITA SPRINGS, FL
24 Zip: 33923 25 Country: USA	29 Zip: 33923 30 Country: USA

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

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BOZE, JOANNA ~~9801 TREASURE CAY LANE~~ BONITA SPRINGS FL 33923	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 28000 SPANISH WELLS BLVD 83 84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	☐ Change ☐ Addition
NAME	MCARDLE, EDWARD J.	12 NAME	
STREET ADDRESS	5101 CAROLINE	13 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	MCARDLE, DAVID A.	22 NAME	
STREET ADDRESS	4051 E MAIN STR	23 STREET ADDRESS	
CITY-ST-ZIP	ST CHARLES IL	24 CITY-ST-ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	KELLY, THOMAS J.	32 NAME	
STREET ADDRESS	311 KAUTZ RD	33 STREET ADDRESS	
CITY-ST-ZIP	ST CHARLES IL	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☑ Change ☐ Addition
NAME	KEPLEY, RICHARD B	42 NAME	
STREET ADDRESS	~~9801 TREASURE CAY LANE~~	43 STREET ADDRESS	28000 SPANISH WELLS BLVD
CITY-ST-ZIP	BONITA SPRINGS FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0061449