

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90103 025 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N44347

1. Corporation Name

SPANISH WELLS UNIT THREE HOMEOWNERS ASSOCIATION,
INC.

Principal Place of Business

28000 SPANISH WELLS BLVD.
BONITA SPRINGS FL 33923
US

Mailing Address

P.O. BOX 84
BONITA SPRINGS FL 34133
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/16/1991	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0668274	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country		

9. Name and Address of Current Registered Agent

SEYMOUR, WILLIAM T.
28459 DEL LAGO WAY
BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

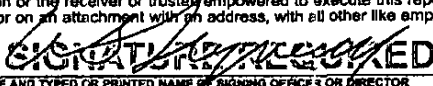
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP ☐ DELETE	1.1 TITLE	VP ☒ Change ☐ Addition
NAME	BOTHWELL, H. N.	1.2 NAME	HUFNAGEL, R.
STREET ADDRESS	9837 ALHAMBRA LANE	1.3 STREET ADDRESS	9837 ALHAMBRA LANE
CITY-ST-ZIP	BONITA SPRINGS FL	1.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	D ☐ DELETE	2.1 TITLE	PD ☒ Change ☐ Addition
NAME	HELLWEGE, RICHARD	2.2 NAME	
STREET ADDRESS	9755 ALHAMBRA LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 33923	2.4 CITY-ST-ZIP	34135
TITLE	D ☐ DELETE	3.1 TITLE	D ☒ Change ☐ Addition
NAME	CRAWFORD, J. STEPHEN	3.2 NAME	TEMANSON, JANICE
STREET ADDRESS	6129 CASTELLO DRIVE, SUITE 1	3.3 STREET ADDRESS	9837 ALHAMBRA LANE
CITY-ST-ZIP	NAPLES FL 33940	3.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	PD ☐ DELETE	4.1 TITLE	D ☒ Change ☐ Addition
NAME	STARK, CALLUM	4.2 NAME	HAHN, JOHN
STREET ADDRESS	28524 SOMBRERO DRIVE	4.3 STREET ADDRESS	28371 DEL LAGO WAY
CITY-ST-ZIP	BONITA SPRINGS FL 33923	4.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	SD ☐ DELETE	5.1 TITLE	
NAME	SEYMOUR, JUDY	5.2 NAME	
STREET ADDRESS	28459 DEL LAGO WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 33923	5.4 CITY-ST-ZIP	34135
TITLE	TD ☐ DELETE	6.1 TITLE	
NAME	SEYMOUR, WILLIAM	6.2 NAME	
STREET ADDRESS	28459 DEL LAGO WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 33923	6.4 CITY-ST-ZIP	34135

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: X 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 3/6/99 941-495-6504

Date Daytime Phone #

CR2E037-11/98