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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N44347**

1. Corporation Name
SPANISH WELLS UNIT THREE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
28000 SPANISH WELLS BLVD. BONITA SPRINGS FL 33923 US	P.O. BOX 64 BONITA SPRINGS FL 34133 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/16/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0668274 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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** 85 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 _____ 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	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	9825 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	~~26524 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	☐ Change ☐ Addition
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	☐ Change ☐ Addition
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 REQUIRED~~ X 3/18/99 941-495-6504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037-(11/98)