

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 21, 2001 8:00 am
Secretary of State

06-21-2001 90003 050 ****61.25

DOCUMENT # N44347		LA																							
1. Entity Name SPANISH WELLS UNIT THREE HOMEOWNERS ASSOCIATION, INC.																									
Principal Place of Business 28000 Spanish Wells Blvd. Bonita Springs, FL 33923																									
Mailing Address P.O. Box 84 Bonita Springs, FL 34133		C0072123																							
2. Principal Place of Business																									
3. Mailing Address																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																							
City & State		City & State																							
Zip	Country	Zip	Country																						
4. FEI Number 650668274		☐ Applied For ☐ Not Applicable																							
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																							
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent																							
William T. Seymour 28459 Del Lago Way Bonita Springs, FL 33923		Name: Becker & Poliakoff, P.A. Street Address (P.O. Box Number is Not Acceptable): 3003 Tamiami Tr. N., Suite 210 City: Naples FL Zip Code: 34103																							
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.																									
SIGNATURE: E. Austin White Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)		Esquire, For the Firm DATE:																							
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																							
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																							
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12. 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 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 617, 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:		GEORGE O. TRUE 5-28-2001 941-944-0338																							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #																							

CR2ED37 (11/00)