

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2007 08:00 AM
Secretary of State

DOCUMENT # N44347

1. Entity 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**



05042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0668274

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BECKER & POLIAKOFF, P.A.
14241 METROPOLIS AVE.
SUITE 100
FT MYERS, FL 33912-0000**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U000000764100
05/30/07-80042-007 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
KOZIAK, ALBERT
9836 ALHAMBRA LN
BONITA SPRINGS, FL 34135**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
TRUE, GEORGE O
9748 TREASURE CAY LANE
BONITA SPRINGS, FL 34135**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
COX, SUSANNA
28496 DEL LAGO WAY
BONITA SPRINGS, FL 34135**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
VARADY, CAROL
9808 ALHAMBRA LANE
BONITA SPRINGS, FL 34135**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COATES, JAMES
28479 DEL LAGO WAY
BONITA SPRINGS, FL 34135**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SIMS, REX
9797 ALABAMIA LN
BONITA SPRINGS, FL 34135**

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IN THIS SPACE**

12. I hereby 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 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: *Carol Varady*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-807 *992-9289*