

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000005243	
1. Entity Name SPANISH WELLS GOLF AND COUNTRY CLUB, INC.	

Principal Place of Business PO BOX 366879 BONITA SPRINGS, FL 34136 US	Mailing Address PO BOX 366879 BONITA SPRINGS, FL 34136 US
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0465554	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent THE PRENTICE HALL CORPORATION SYSTEM 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCARDLE, DAVID A 1600 E MAIN ST STE B ST. CHARLES, IL 60174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KELLY, THOMAS J 4051 E. MAIN ST. ST. CHARLES, IL 60174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MCARDLE, EDWARD J 5101 CAROLINE HOUSTON, TX 77004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DILLON, RONALD P.O. BOX 366879 BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BOZE, JOANNA P.O. BOX 366879 BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/20/04-80074-012 61.25

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: Thomas J. Kelly 1/16/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #