

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90023 026 \*\*\*\*61.25

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

40036175



2. Principal Place of Business  
9801 Treasure Cay Lane  
Suite, Apt. #, etc.

3. Mailing Address  
9801 Treasure Cay Lane  
Suite, Apt. #, etc.

01062005 Chg-NP CR2E037 (10/03)

City & State  
Bonita Springs, FL  
Zip 34135 Country USA

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Bonita Springs, FL  
Zip 34135 Country USA

4. FEI Number  
65-0465554 Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE, FL 32301

## 7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

## 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	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KELLY, THOMAS J 4051 E. MAIN ST. ST. CHARLES, IL 60174	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MCARDLE, EDWARD J 5101 CAROLINE HOUSTON, TX 77004	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DILLON, RONALD P.O. BOX 366879 BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BOZE, JOANNA P.O. BOX 366879 BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carl H. Bals - Board President 9801 Treasure Cay Lane Bonita Springs, FL 34135	<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President - Board of Governors James Boeslin 9801 Treasure Cay Lane Bonita Springs, FL 34135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer - Board of Governors James T. Ford 9801 Treasure Cay Lane Bonita Springs, FL 34135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MCARDLE, EDWARD J. 5311 CAROLINE HOUSTON, TX 77004	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	General Manager Doug Burnham 9801 Treasure Cay Lane Bonita Springs, FL 34135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(239) 992-5100

2/11/2005