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(((H110001322813)))



H110001322913ABC

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : SALVATORI & WOOD, BUCKEL, PL

Account Number : I20030000112 Phone : (239)552-4100

Fax Number : (239)649-1706

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: SCS & SWbnaples. com

REGISTERED AGENT CHANGE SPANISH WELLS GOLF AND COUNTRY CLUB, INC

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I MAY 17 PH 4: 12

5/16/2011

COVER LETTER

CR2E045 (8/05)

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314





May 16, 2011

FLORIDA DEPARTMENT OF STATE

SPANISH WELLS GOLF AND COUNTRY CLUB, INC. 9801 TREASURE CAY LANE
BONITA SPRINGS, FL 34135US

SUBJECT: SPANISH WELLS GOLF AND COUNTRY CLUB, INC.

REF: N93000005243

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

LIST THE NEW AGENT WITH (P.L.) TO REFLECT OUR RECORDS AS AN ACTIVE CORPORTE FILING BEING NAMED AS REGISTERED AGENT.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II FAX Aud. #: H11000132281 Letter Number: 111A00012083

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II MAY 17 AM 8: 10

SECRETARY OF STATE

ALLAHASSEE, FLORIDA





May 16, 2011

FLORIDA DEPARTMENT OF STATE

SPANISH WELLS GOLF AND COUNTRY CLUB, INC. 9801 TREASURE CAY LANE
BONITA SPRINGS, FL 34135US

SUBJECT: SPANISH WELLS GOLF AND COUNTRY CLUB, INC.

REF: N93000005243

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please list the current register agent name and address because our records do not have record of a resignation for JOHN FELDMEIER.

List the new agent as SALVATORI, WOOD & BUCKEL, P.L. to reflect our records.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

FAX Aud. #: H11000132281 Letter Number: 511A00012034

THAY 16 PM 12: 45
SECRETARY OF STATE

(((H11000132281 3))) STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 6 nge is submitted for a corporation r to change its registered office on	n organized	under the laws of the State	e of Florida	
	he corporation: Spanish We		-	-	
	office address: 9801 Treasure		· · · · · · · · · · · · · · · · · · ·		
3. The mailing a	ddress (if different):		•		<u>. </u>
4. Date of incorporation/qualification: 11/19/1993 Document number;		N93000005243			
The name and Florida Depart	street address of the current regist ment of State: (If resigned, enter r	tered agent (resigned)	and registered office on fil	e with the	
,	John Feldmeler				
	28473 Highgate Drive				
	Bonita Springs, FL 34135				SIAIC SIAIC
6. The name and (if changed):	street address of the new register	ed agent (if	changed) and /or registere	d office	SIGH OF CORPORATION HAY 17 PH 4: 1:
	Salvatori, Wood & Buckel,	, P.L.			PH ON PO
	9132 Strada Place, Fourth				1.1
	Naples, FL 34108	Box NOT acce	Mable		<i>r</i> →
The street addre	ss of its registered office and the	street addr	ess of the business office	of its registered	agent,
Such change wa authorized by th	s authorized by resolution duly a e board, or the corporation has b	adopted by i	ts board of directors or b I in writing of the change	y an officer so	
Signature	or an origin or grand		David A. Hoffman	n, President	
I hereby accept i I further agree to of my duties, and document is bein corporation has	the appointment as registered ag o comply with the provisions of a d I am amiliar with and accept t ag filed merely to reflect a chang been notified in writing of this c	gent and agr all statutes i the obligation of in the reg hange.	ias to eat ly this compath.	_	rmance ; if this hat the
		•	May 3, 20	011	
	ature of Registered Agent		. Daio		
If signing on bel	•				
	eo J. Salvatori ped or Printed Name	_			
	* * * %71)	e -way DV	35 NA * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)