

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44347

Entity Name: SPANISH WELLS UNIT THREE HOMEOWNERS ASSOCIATION, INC.**FILED**
Apr 23, 2025
Secretary of State
8184317312CC**Current Principal Place of Business:**SPANISH WELLS HOA UNIT 3
P.O. BOX 2943
BONITA SPRINGS, FL 34133**Current Mailing Address:**P.O. BOX 2943
BONITA SPRINGS, FL 34133 US**FEI Number: 65-0668274****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**JANITZ, DOROTHY
28424 DEL LAGO WAY
BONITA SPRINGS, FL 34135 US*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: DOROTHY JANITZ****04/23/2025**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	SECRETARY
Name	RENDINO, PHYLLIS
Address	28479 DEL LAGO WAY
City-State-Zip:	BONITA SPRINGS FL 34135

Title	DIRECTOR
Name	ERNER, JAMES
Address	28431 DEL LAGO WAY
City-State-Zip:	BONITA SPRINGS FL 34135

Title	PRESIDENT
Name	KING, JOHN
Address	28524 SOMBRERO DRIVE
City-State-Zip:	BONITA SPRINGS FL 34135

Title	VP
Name	JOYCE, GINNY
Address	28427 DELL LAGO WAY
City-State-Zip:	BONITA SPRINGS FL 34135

Title	DIRECTOR
Name	JAMROS, JOSEPH
Address	9813 ALHAMBRA
City-State-Zip:	BONITA SPRINGS FL 34135

Title	TREASURER
Name	JANITZ, DOROTHY
Address	28443 DEL LAGO WAY
City-State-Zip:	BONITA SPRINGS FL 34135

Title	DIRECTOR
Name	VACANT, VACANT
Address	SPANISH WELLS HOA UNIT 3 P.O. BOX 2943
City-State-Zip:	BONITA SPRINGS FL 34133

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DOROTHY JANITZ**TREASURER****04/23/2025**

Electronic Signature of Signing Officer/Director Detail

Date