

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44347

Entity Name: SPANISH WELLS UNIT THREE HOMEOWNERS ASSOCIATION, INC.**FILED**
Jan 19, 2017
Secretary of State
CC0223884626**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:**JACKSON, JOE
28447 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: JOE JACKSON****01/19/2017**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR, TREASURER
Name	VOELKER, PHILIP
Address	9825 ALHAMBRA LANE
City-State-Zip:	BONITA SPRINGS FL 34135

Title	DIRECTOR, SECRETARY
Name	SLATE, SHARON
Address	28440 DEL LAGO WAY
City-State-Zip:	BONITA SPRINGS FL 34135

Title	DIRECTOR
Name	HARTER, DAVID
Address	28388 DEL LAGO WAY
City-State-Zip:	BONITA SPRINGS FL 34135

Title	DIRECTOR VICE-PRESIDENT
Name	MURPHY, DAVID
Address	28476 DEL LAGO WAY
City-State-Zip:	BONITA SPRINGS FL 34135

Title	DIRECTOR, PRESIDENT
Name	JACKSON, JOE
Address	28447 DEL LAGO WAY
City-State-Zip:	BONITA SPRINGS FL 34135

Title	DIRECTOR
Name	HANCOCK, DAVID
Address	9752 TREASURE CAY LANE
City-State-Zip:	BONITA SPRINGS FL 34135

Title	DIRECTOR
Name	KING, JOHN
Address	28404 DEL LAGO WAY
City-State-Zip:	BONITA SPRINGS FL 34135

Title	DIRECTOR
Name	WAGNER, PEGGY
Address	28520 SOMBRERO DRIVE
City-State-Zip:	BONITA SPRINGS FL 34135

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: PHILIP VOELKER**DIRECTOR****01/19/2017**

Electronic Signature of Signing Officer/Director Detail

Date