

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44347

Entity Name: SPANISH WELLS UNIT THREE HOMEOWNERS ASSOCIATION, INC.**FILED**
Apr 29, 2014
Secretary of State
CC8719776027**Current Principal Place of Business:**9825 ALHAMBRA LANE
BONITA SPRINGS, FL 34135**Current Mailing Address:**P.O. BOX 84
BONITA SPRINGS, FL 34133 US**FEI Number: 65-0668274****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**VOELKER, PHILIP
9825 ALHAMBRA LANE
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

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

Title	SD
Name	LEES, ANN
Address	9840 ALHAMBRA LANE
City-State-Zip:	BONITA SPRINGS FL 34135

Title	D
Name	CONRAD, MADELENO
Address	9780 ALHAMBRA LANE
City-State-Zip:	BONITA SPRINGS FL 34135

Title	D
Name	CONNOLLY, JANET
Address	28360 DEL LAGO WAY
City-State-Zip:	BONITA SPRINGS FL 34135

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

Title	TREASURER
Name	JANITZ, DOTTIE
Address	28443 DEL LAGO WAY
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: DOTTIE JANITZ**TREASURER****04/29/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date