above, or on an attachment with all other like empowered.

Ρ

CICNIATI		DILI	
SIGNAIL	JKE.	DILL	COOPER

Electronic Signature of Signing Officer/Director Detail

## DOCUMENT# N0100001069

Entity Name: THE VILLAS AT ASTON GARDENS CONDOMINIUM ASSOCIATION, INC.

## **Current Principal Place of Business:**

SOUTHWEST PROPERTY MGMT CORP 1044 CASTELLO DR #206 NAPLES, FL 34103

# **Current Mailing Address:**

SOUTHWEST PROPERTY MGMT CORP 1044 CASTELLO DR #206 NAPLES, FL 34103

#### FEI Number: 59-3700655

#### Name and Address of Current Registered Agent:

SOUTHWEST PROPERTY MGMT CORP. 1044 CASTELLO DRIVE #206 NAPLES, FL 34103 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.

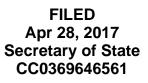
### SIGNATURE:

Electronic Signature of Registered Agent

## **Officer/Director Detail :**

Title	VP	Title	Р		
Name	HERBST, PEPI	Name	COOPER, BILL		
Address	4795 ASTON GARDENS WAY, #D101	Address	4825 ASTON GARDENS WAY, #A201		
City-State-Zip:	NAPLES FL 34109	City-State-Zip:	NAPLES FL 34109		
Title	S	Title	D		
Name	EYTEL, MARY ANN	Name	CARPENTER, ERNEST		
Address	4805 ASTON GARDENS WAY, #C101	Address	4805 ASTON GARDENS WAY #C201		
City-State-Zip:	NAPLES FL 34109	City-State-Zip:	NAPLES FL 34109		
Title	Т				
Name	CANHAM, DON				
Address	4825 ASTON GARDENS WAY, #A102				
City-State-Zip:	NAPLES FL 34109				

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



Certificate of Status Desired: No

04/28/2017 Date

Date