


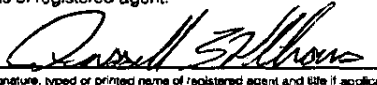


FILED
Jun 06, 2003 8:00 am
Secretary of State

05-02-2003 90256 003 ****61.25

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☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # N01000000535			
1. Entity Name MONTEROSSO II AT MEDITERRA CONDOMINIUM ASSOCIATI ON, INC.			
Principal Place of Business 2950 IMMOKALEE RD SUITE 2 NAPLES FL 34110		Mailing Address 8430 ENTERPRISE CIRCLE, SUITE 100 BRADENTON FL 34202	
2. Principal Place of Business % Southwest Property Mgmt. Suite, Apt. #, etc. 1044 Castello Dr., #206 City & State Naples, FL Zip 34103 Country USA		3. Mailing Address % Southwest Property Mgmt. Suite, Apt. #, etc. 1044 Castello Dr., #206 City & State Naples, FL Zip 34103 Country USA	
4. FEI Number 65-1085892		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PESHKIN, JOHN R 8430 ENTERPRISE CIRCLE, SUITE 100 BRADENTON FL 34202		7. Name and Address of New Registered Agent Name Southwest Property Management Corp. Street Address (P.O. Box Number is Not Acceptable) 1044 Castello Dr., #206 City Naples, FL Zip Code 34103	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE   Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)		DATE	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME SCHWARTZ, DOUGLAS L STREET ADDRESS 2950 IMMOKALEE RD, SUITE 2 CITY-ST-ZIP NAPLES FL 34110	<input checked="" type="checkbox"/> Delete	TITLE PD NAME Carpenter, James STREET ADDRESS 15524 Monterosso Ln., #102 CITY-ST-ZIP Naples, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VD NAME MARINELLO, MICHAEL C STREET ADDRESS 8430 ENTERPRISE CIR, SUITE 100 CITY-ST-ZIP BRADENTON FL 34202	<input checked="" type="checkbox"/> Delete	TITLE TD NAME Sena, Robert STREET ADDRESS 15524 Monterosso Ln., #202 CITY-ST-ZIP Naples, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE STD NAME FICHTER, THOMAS P STREET ADDRESS 2950 IMMOKALEE RD, SUITE 2 CITY-ST-ZIP NAPLES FL 34110	<input checked="" type="checkbox"/> Delete	TITLE D NAME Cook, Jacqueline STREET ADDRESS 15512 Monterosso Ln., #101 CITY-ST-ZIP Naples, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  SIGNATURE REQUIRED COOK		4-26-03 239-594-5276 Date Daytime Phone #	

CR2E037 (10/02)