

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N27807 (9)**

1. Corporation Name

**MONTEREY SINGLE FAMILY NEIGHBORHOOD ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

%CHRIS BUNDSCHU  
1044 CASTELLO DRIVE #206  
FT. MYERS FL 33940

%CHRIS BUNDSCHU  
1044 CASTELLO DRIVE #206  
FT. MYERS FL 33940

3. Date Incorporated or Qualified  
**08/09/1988**

3a. Date of Last Report  
**03/29/1995**

2. Principal Place of Business

2a. Mailing Address

21 **1044 Castello Drive**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite #206**

27

City & State

City & State

23 **Naples, Florida**

28

**Naples, Florida**

Zip

Country

Zip

Country

24 **33940**

25

29

**33940**

30

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BUNDSCHU, CHRIS  
5900 ENTERPRISE PARKWAY  
FT. MYERS FL 33905**

81

Name

**Southwest Property Management Corp.**

82

Street Address (P.O. Box Number is Not Acceptable)

**1044 Castello Drive #206**

83

**Naples, Florida 33940**

84

City

**FL**

85

Zip Code

11. Pursuant to the provisions of Sections 617.0602 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Stephen E. Williams*  
Signature, typed or printed name of registered agent and title if applicable

**STEPHEN E. Williams**  
(NOTE: Registered Agent Signature required when registering)

**3/26/96**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<del>PD</del>	<input type="checkbox"/> DELETE
NAME	<b>BUNDSCHU, CHRIS</b>	
STREET ADDRESS	<b>5900 ENTERPRISE PARKWAY</b>	
CITY-ST-ZIP	<b>FORT MYERS FL</b>	
TITLE	<del>STB</del>	<input type="checkbox"/> DELETE
NAME	<b>BUNDSCHU, GAYLE</b>	
STREET ADDRESS	<b>5900 ENTERPRISE PARKWAY</b>	
CITY-ST-ZIP	<b>FORT MYERS FL</b>	
TITLE	<del>VD</del>	<input type="checkbox"/> DELETE
NAME	<b>SCOTT, JEFF</b>	
STREET ADDRESS	<b>2123 LAGUNA WAY</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<del>VD</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>MILLER, T. WHERRETT</del>	
STREET ADDRESS	<del>7470 MISSION DRIVE</del>	
CITY-ST-ZIP	<del>NAPLES FL</del>	
TITLE	<del>VD</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>KANE, PAUL, T</del>	
STREET ADDRESS	<del>7470 MISSION DR</del>	
CITY-ST-ZIP	<del>NAPLES FL</del>	
TITLE	<del>VPD</del>	<input type="checkbox"/> DELETE
NAME	<b>LEVENTHAL, LAWRENCE</b>	
STREET ADDRESS	<b>2097 LAGUNA WAY</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	

1.1 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Steven Benson</b>	
4.3 STREET ADDRESS	<b>8020 San Simeon Way</b>	
4.4 CITY-ST-ZIP	<b>Naples, Florida</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Stephen E. Williams*

**3/21/96**

**941-693-1000**

Date

Daytime Phone #

CR2E037 (12/95)