

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90099 005 ****61.25

DOCUMENT # N27807

1. Corporation Name

MONTEREY SINGLE FAMILY NEIGHBORHOOD ASSOCIATION,
INC.

Principal Place of Business

1044 CASTELLO DR
SUITE 206
NAPLES FL 33940
US

Mailing Address

%CHRIS BUNDSCHU
1044 CASTELLO DRIVE #206
NAPLES FL 34103
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

08/09/1988

4. FEI Number

65-0081829

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SOUTHWEST PROPERTY MANAGEMENT CORP.
1044 CASTELLO DRIVE
SUITE 206
NAPLES FL 34103

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~VP~~ ☐ DELETE
NAME BIRK, CYNTHIA
STREET ADDRESS 8114 COSTA BRAVA COURT
CITY-ST-ZIP NAPLES FL 34109

TITLE ~~D~~ ☐ DELETE
NAME FELDMAN, BETH
STREET ADDRESS 7597 SANTA CRUZ CT.
CITY-ST-ZIP NAPLES FL

TITLE ~~SD~~ ☐ DELETE
NAME SCOTT, JEFF
STREET ADDRESS 2123 LAGUNA WAY
CITY-ST-ZIP NAPLES FL

TITLE ~~PD~~ ☐ DELETE
NAME BENSON, STEVEN
STREET ADDRESS 8020 SAN SIMEON WAY
CITY-ST-ZIP NAPLES FL

TITLE ~~TD~~ ☐ DELETE
NAME WRIGHT, ANDY
STREET ADDRESS 8040 CADIZ COURT
CITY-ST-ZIP NAPLES FL 34109

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ~~SD~~ ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ~~PD~~ ☐ Change ☐ Addition
2.2 NAME Cullen, Jim
2.3 STREET ADDRESS 9107 Mission Dr.
2.4 CITY-ST-ZIP Naples, FL

3.1 TITLE ~~VD~~ ☒ Change ☐ Addition
3.2 NAME SCOTT JEFFREY
3.3 STREET ADDRESS 7699 SANTA MARGHERITA WAY
3.4 CITY-ST-ZIP NAPLES FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE

JEFFREY L. SCOTT

4-20-99

591-1430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)