

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27807

1. Entity Name

MONTEREY SINGLE FAMILY NEIGHBORHOOD ASSOCIATION,

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90032 047 ****61.25

Principal Place of Business

Mailing Address

1044 CASTELLO DR
SUITE 206
NAPLES FL 33940
US

~~CHRIS BUNDSCHU~~
1044 CASTELLO DRIVE #206
NAPLES FL 34103-1900
US

2. Principal Place of Business

Southwest Property Management Corp.
1044 Castello Drive
Suite 206
Naples, FL 34103

Suite, Apt. #, etc.

City & State

FEI Number

65-0081829

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEI IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
BIRK, CYNTHIA
8114 COSTA BRAVA COURT
NAPLES FL 34109 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
SCOTT, JEFFREY
7699 SANTA MARGARITA WAY
NAPLES FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
CULLEN, JIM
2107 MISSION DR
NAPLES FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ 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**

4-21-00

941-261-3440

CR2E037 (9/99)