

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 09, 2007  
Secretary of State**

DOCUMENT# N27807

Entity Name: MONTEREY SINGLE FAMILY NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

1044 CASTELLO DR  
SUITE 206  
NAPLES, FL 34103 US

**New Principal Place of Business:**

**Current Mailing Address:**

SOUTHWEST PROP MGMT CORP  
1044 CASTELLO DRIVE #206  
NAPLES, FL 34103 US

**New Mailing Address:**

FEI Number: 65-0081829      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

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

**Name and Address of New Registered Agent:**

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DOWLING, ROB  
Address: 7558 CORDOBA CIRCLE  
City-St-Zip: NAPLES, FL 34109

Title: PD ( ) Delete  
Name: SCOTT, JEFF  
Address: 7699 SANTA MARGHERITA WAY  
City-St-Zip: NAPLES, FL 34109

Title: SD ( ) Delete  
Name: RASMUSSEN, JAY  
Address: 2045 SEVILLA WAY  
City-St-Zip: NAPLES, FL 34109

Title: TD ( ) Delete  
Name: MEDLEY, LARRY  
Address: 2124 LA PAZ CT.  
City-St-Zip: NAPLES, FL 34109

Title: VD ( ) Delete  
Name: JOHNSON, CHRISTOPHER  
Address: 2127 MISSION DR.  
City-St-Zip: NAPLES, FL 34109

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFF SCOTT

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

03/09/2007

\_\_\_\_\_  
Date