


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

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NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N27809 (5)**  
 1. Corporation Name  
**MONTEREY MASTER OWNERS' ASSOCIATION, INC.**



Principal Place of Business %CHRIS BUNDSCHU 1044 CASTELLO DRIVE #206 NAPLES FL 33940	Mailing Address %CHRIS BUNDSCHU 1044 CASTELLO DRIVE #206 NAPLES FL 33940
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3. Date Incorporated or Qualified <b>08/09/1988</b>	3a. Date of Last Report <b>03/28/1995</b>
4. FEI Number <b>65-0068523</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21 Southwest Property Management</b> Suite, Apt. #, etc.	2a. Mailing Address <b>21 Southwest Prop. Management</b> Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent  
**BUNDSCHU, CHRIS**  
**5900 ENTERPRISE PARKWAY**  
**FORT MYERS FL 33905**

10. Name and Address of New Registered Agent  
**81 Name Southwest Property Management Corp.**  
**82 Street Address (P.O. Box Number is Not Acceptable) 1044 Castello Drive, Suite 206**  
**83**  
**84 City Naples, FL 85 Zip Code 33940**

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: *Arthur Williams, Pres.* DATE: **4/26/96**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>PD</b>	<input type="checkbox"/>
NAME	<b>BUNDSCHU, CHRIS</b>	
STREET ADDRESS	<b>5900 ENTERPRISE PARKWAY</b>	
CITY-ST-ZIP	<b>FORT MYERS FL</b>	
TITLE	<del>STD</del>	<input type="checkbox"/>
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"/>
NAME	<b>SCOTT, JEFF</b>	
STREET ADDRESS	<b>2123 LAGUNA WAY</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<del>DV</del>	<input type="checkbox"/>
NAME	<b>MILLER, T. WHERRETT</b>	
STREET ADDRESS	<b>7470 MISSION DRIVE</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<del>DV</del>	<input checked="" type="checkbox"/>
NAME	<b>BRANSBY, CLIFF</b>	
STREET ADDRESS	<b>1733 SAN BERNADINO WAY</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<del>DV</del>	<input type="checkbox"/>
NAME	<b>KANE, PAUL, T</b>	
STREET ADDRESS	<b>7470 MISSION DR</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	<b>TD</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS	<b>7699 Santa Margherita Way</b>		
3.4 CITY-ST-ZIP			
4.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	<b>DV</b>	<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	<b>Jim Bencin</b>		
5.3 STREET ADDRESS	<b>1720 San Bernadino Way</b>		
5.4 CITY-ST-ZIP	<b>Naples, Florida 33942</b>		
6.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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: *GAYLE BUNDSCHU* DATE: **4/25/96** TIME: **941-**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)

Monterey Master Owners Association, Inc.

• John Hurley, Secretary  
7707 Santa Margherita Way  
Naples, Florida 33942

• Joe Rymza  
7520 San Miguel Way  
Naples, Florida 33942