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Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 SOUTHWEST PORPERTY MANAGEMENT 1044 CASTELLO DRIVE #206 NAPLES FL 33940 US	Mailing Address SOUTHWEST PROPERTY MANAGEMENT 1044 CASTELLO DRIVE #206 NAPLES FL 34103-1800 US
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

3. Date Incorporated or Qualified 08/09/1988	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0068523	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SOUTHWEST POROPERTY MANAGEMENT COPR
1044 CASTELLO DRIVE SUITE 206
NAPLES FL 33940**

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	PD <input type="checkbox"/> DELETE
NAME	BUNDSCHU, CHRIS
STREET ADDRESS	5900 ENTERPRISE PARKWAY
CITY-ST-ZIP	FORT MYERS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BUNDSCHU, GAYLE
STREET ADDRESS	5900 ENTERPRISE PARKWAY
CITY-ST-ZIP	FORT MYERS FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	SCOTT, JEFF
STREET ADDRESS	7699 SANTA MARGHERITA WAY
CITY-ST-ZIP	NAPLES FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MILLER, T. WHERRETT
STREET ADDRESS	7470 MISSION DRIVE
CITY-ST-ZIP	NAPLES FL
TITLE	DV <input type="checkbox"/> DELETE
NAME	BENCIN, JIM
STREET ADDRESS	1720 SAN BERNADINO WAY
CITY-ST-ZIP	NAPLES FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	KANE, PAUL, T
STREET ADDRESS	7470 MISSION DR
CITY-ST-ZIP	NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	Spitzer, Ed
4.4 CITY-ST-ZIP	8039 San Vista Circle
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	Naples, Florida
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	SD
6.3 STREET ADDRESS	Hurley, John
6.4 CITY-ST-ZIP	7707 Santa Margherita Way
	Naples, Florida

14. I do 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.

SIGNATURE: Jeff Scott **REQUIRED** 4/14/97 (941) 261-3446
Signature, typed or printed name of signing officer or director Date Daytime Phone # 0058851

CR2E037 (9/96)