

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N27809** (5)  
1. Corporation Name  
**MONTEREY MASTER OWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>SOUTHWEST PORPERTY MANAGEMENT 1044 CASTELLO DRIVE #208 NAPLES FL 33940 US</b>	Mailing Address <b>SOUTHWEST PROPERTY MANAGEMENT 1044 CASTELLO DRIVE #208 NAPLES FL 33940 US</b>
---	---

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
---	--

3. Date Incorporated or Qualified <b>08/09/1988</b>
4. FEI Number <b>65-0068523</b>
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>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>SOUTHWEST POROPERTY MANAGEMENT COPR 1044 CASTELLO DRIVE SUITE 208 NAPLES FL 33940</b>
---

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL 34103</b>
---

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <input checked="" type="checkbox"/> DELETE <b>BUNDSCHU, CHRIS</b> <b>5000 ENTERPRISE PARKWAY</b> <b>FORT MYERS FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> DELETE <b>BUNDSCHU, GAYLE</b> <b>5000 ENTERPRISE PARKWAY</b> <b>FORT MYERS FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE <b>TD</b> <b>SCOTT, JEFF</b> <b>7600 SANTA MARGHERITA WAY</b> <b>NAPLES FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE <b>D</b> <b>SPITZER, ED</b> <b>8039 SAN VISTA CIR</b> <b>NAPLES FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE <b>DV</b> <b>BENCIN, JIM</b> <b>1720 SAN BERNADINO WAY</b> <b>NAPLES FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE <b>SD</b> <b>HURLEY, JOHN</b> <b>7707 SANTA MARGHERITA WAY</b> <b>NAPLES FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>TD</b> <b>Rymaza, Joe</b> <b>7520 San Miguel Way</b> <b>Naples, FL 34109</b>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>S/D</b> <b>Benson, Lorri</b> <b>8020 San Simeon Way</b> <b>Naples, FL 34109</b>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>UPD</b>
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PD</b>
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D</b> <b>Fawkes, Gayle</b> <b>8000 Vera Cruz Way</b> <b>Naples, FL 34109</b>

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.

SIGNATURE: *Jeff Scott* **REQUIRED**

4/14/98

CR2037 (10/97)

**Monterey Master Owners Association, Inc.**

**D**

**Hudson, Frank  
7500 San Miguel Way  
Naples, FL 34109**