

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
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**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>
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3. Date Incorporated or Qualified <b>08/09/1988</b>	Applied For Not Applicable
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 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 type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Zip	25 Country
29 Zip <b>34103</b>	30 Country

9. Name and Address of Current Registered Agent  
**SOUTHWEST PORPROPERTY MANAGEMENT COPR  
1044 CASTELLO DRIVE SUITE 208  
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
85 State <b>FL</b>
86 Zip Code <b>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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>Rymsza, Joe</b>	
1.3 STREET ADDRESS <b>7520 San Miguel Way</b>	
1.4 CITY-ST-ZIP <b>Naples, FL 34109</b>	
2.1 TITLE <b>S/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>Benson, Lorri</b>	
2.3 STREET ADDRESS <b>8020 San Simeon Way</b>	
2.4 CITY-ST-ZIP <b>Naples, FL 34109</b>	
3.1 TITLE <b>UPD</b>	<input checked="" 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 type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME <b>Fawkes, Gayle</b>	
6.3 STREET ADDRESS <b>8000 Vera Cruz Way</b>	
6.4 CITY-ST-ZIP <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* **4/14/98**

CR2E037 (10/97)

**Monterey Master Owners Association, Inc.**

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