

**FILED**  
**May 06, 2005 8:00 am**  
**Secretary of State**

DOCUMENT # N27809

**Mailing Address**  
**SOUTHWEST PROPERTY MANAGEMENT**  
**1044 CASTELLO DRIVE #206**  
**NAPLES, FL 34103 US**

### **3. Mailing Address**

Suite, Apt. #, etc.

City &amp; State

Country

CR2E037 (10/03)

Applied For
Not Applicable

**\$8.75** Additional  
Fee Required

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

**9. Election Campaign Financing Trust Fund Contribution.**

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10.	OFFICERS AND DIRECTORS
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	BENSON, STEVE	
STREET ADDRESS	7695 SANTA CRUZ CT	
CITY - ST - ZIP	NAPLES, FL 34109	

TITLE	D	<input type="checkbox"/> Delete
NAME	KANT, ED	
STREET ADDRESS	1910 MISSION DR	
CITY - ST - ZIP	NAPLES, FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	SPITZER, ED	
STREET ADDRESS	8039 SAN VISTA CIR	
CITY - ST - ZIP	NAPLES, FL	

TITLE	VD	<input type="checkbox"/> Delete
NAME	FERENCSEK, EMERY	
STREET ADDRESS	7514 SAN GABRIEL LN	
CITY - ST - ZIP	NAPLES, FL 34109	

TITLE	PD	<input type="checkbox"/> Delete
NAME	DAY, TYLER	
STREET ADDRESS	7998 BEAUMONT CT	
CITY-ST-ZIP	NAPLES, FL 34109	

TITLE	D	<input type="checkbox"/> Delete
NAME	MURRELL, BOB	
STREET ADDRESS	1721 SAN BERNADINO	
CITY - ST - ZIP	NAPLES, FL 34109	

TITLE	5D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CATHY McAVOY		
STREET ADDRESS	2045 SEVILLA WAY		
CITY-ST-ZIP	NAPLES, FL 34109		

TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST- ZIP		

TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST- ZIP

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST- ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #