

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 17, 2008  
Secretary of State

DOCUMENT# N27809

Entity Name: MONTEREY MASTER OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

SOUTHWEST PORPROPERTY MANAGEMENT  
1044 CASTELLO DRIVE #206  
NAPLES, FL 34103 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 65-0068523      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SOUTHWEST POROPROPERTY MANAGEMENT COPR  
1044 CASTELLO DRIVE SUITE 206  
NAPLES, FL 34103 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: BENSON, STEVE  
Address: 7695 SANTA CRUZ CT.  
City-St-Zip: NAPLES, FL 34109

Title: T ( ) Delete  
Name: MEDLEY, LARRY  
Address: 2124 LA PAZ COURT  
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete  
Name: SPITZER, ED  
Address: 8039 SAN VISTA CIR  
City-St-Zip: NAPLES, FL

Title: D ( ) Delete  
Name: FERENCNIK, EMERY  
Address: 7514 SAN GABRIEL LN  
City-St-Zip: NAPLES, FL 34109

Title: PD ( ) Delete  
Name: DAY, TYLER  
Address: 7560 SAN MIGUEL WAY  
City-St-Zip: NAPLES, FL 34109

Title: S ( ) Delete  
Name: MURRELL, BOB  
Address: 1721 SAN BERNADINO  
City-St-Zip: NAPLES, FL 34109

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: LIEFER, LAUREN  
Address: 7556 SAN MIGUEL WAY  
City-St-Zip: NAPLES, FL 34109

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TYLER DAY

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

P

04/17/2008

\_\_\_\_\_ Date