

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90464 024 ****61.25

DOCUMENT # N27809



1. Entity 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
US**

11002560



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0068523**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOUTHWEST POROPERTY MANAGEMENT SQR CORP.
1044 CASTELLO DRIVE SUITE 206
NAPLES FL 34103**

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

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SDTD	<input checked="" type="checkbox"/> Delete
NAME	SCHWARTZ, DOUG	
STREET ADDRESS	2132 LAGUNA WAY	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	VD	<input checked="" type="checkbox"/> Delete <i>no!</i>
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	D	<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	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Benson, Steve	
STREET ADDRESS	7695 Santa Cruz Ct.	
CITY-ST-ZIP	Naples, FL 34109	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kant, Ed	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Felencsik, Emery	
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: X *[Signature]*

4/16/03 239-261-3440

CR2E037 (10/02)