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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 7:09

DOCUMENT # **N46524** (7)

1. Corporation Name

MONTEREY SINGLE FAMILY VILLA HOME NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% SOUTHWEST PROPERTY MGMT
1044 CASTELLA DR
NAPLES FL 33940
US

% SOUTHWEST PROPERTY MGMT
1044 CASTELLA DR
NAPLES FL 33940
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/19/1991	3a. Date of Last Report 04/20/1994
4. FEI Number 65-0382467	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BUNDSCHU, CHRIS
5900 ENTERPRISE PKWY.
FT. MYERS FL 33905**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	BUNDSCHU, CHRIS	1.2 NAME	
STREET ADDRESS	5900 ENTERPRISE PKWY.	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT. MYERS FL	1.4 CITY - ST - ZIP	
TITLE	DST	2.1 TITLE	☐ Change ☐ Addition
NAME	BUNDSCHU, GAYLE	2.2 NAME	
STREET ADDRESS	5900 ENTERPRISE PKWY.	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT. MYERS FL	2.4 CITY - ST - ZIP	
TITLE	VB	3.1 TITLE	☐ Change ☐ Addition
NAME	BARTOLO, WILLIAM	3.2 NAME	D
STREET ADDRESS	7500 SAN MIGUEL WAY	3.3 STREET ADDRESS	Rymsza, Joe
CITY - ST - ZIP	NAPLES FL	3.4 CITY - ST - ZIP	7520 San Miguel Way
TITLE	DV	4.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, T. WHERRETT	4.2 NAME	
STREET ADDRESS	7470 MISSION DR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	4.4 CITY - ST - ZIP	
TITLE	DV	5.1 TITLE	☐ Change ☐ Addition
NAME	KANE, PAUL T.	5.2 NAME	D
STREET ADDRESS	7470 MISSION DR.	5.3 STREET ADDRESS	Steers, Chuck
CITY - ST - ZIP	NAPLES FL	5.4 CITY - ST - ZIP	7650 San Sebastain Way
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 person or persons empowered to execute this report as required by Chapter 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRIS BUNDSCHU

3/22/95

813-261-3440