


FILE NOW: FILING FEE IS \$61.25

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Apr 22 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 34103-8901  
US

3. Date Incorporated or Qualified  
**12/19/1991**

3a. Date of Last Report  
**04/01/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

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

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

83

84 City

**FL**

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>BUNDSCHU, CHRIS</b>	
STREET ADDRESS	<b>5900 ENTERPRISE PKWY.</b>	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>BUNDSCHU, GAYLE</b>	
STREET ADDRESS	<b>5900 ENTERPRISE PKWY.</b>	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>RYMSZA, JOE</b>	
STREET ADDRESS	<b>7509 SAN MINGUEL WAY</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MILLER, T. WHERRETT</b>	
STREET ADDRESS	<b>7470 MISSION DR.</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>STEERS, CHUCK</b>	
STREET ADDRESS	<b>7650 SAN SEBASTAIN WAY</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: *Joe Rymsza* **SIGNATURE REQUIRED**

(PRINT) AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/19/97**

Date

**(941) 261-3440**

Daytime Phone # **0059439**

CR2E037 (9/96)