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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N46524

1. Corporation Name

MONTEREY SINGLE FAMILY VILLA HOME NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

% SOUTHWEST PROPERTY MGMT  
1044 CASTELLA DR  
NAPLES FL 33940  
US

Mailing Address

% SOUTHWEST PROPERTY MGMT  
1044 CASTELLA DR  
NAPLES FL 34103  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

12/19/1991

4. FEI Number

65-082467

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

9. Name and Address of Current Registered Agent

SOUTHWEST PROPERTY MANAGEMENT  
1044 CASTELLO DRIVE  
SUITE #206  
NAPLES FL 34103

10. Name and Address of New Registered Agent

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

TITLE VD  
NAME MARTENS, LOREL  
STREET ADDRESS 7567 SAN MIGUEL WAY  
CITY-STATE-ZIP NAPLES FL 34109

☐ DELETE

TITLE BD  
NAME BORGESON, FRED  
STREET ADDRESS 7540 SAN MIGUEL WAY  
CITY-STATE-ZIP NAPLES FL 34109

☐ DELETE

TITLE PD  
NAME RYMCA, JOE  
STREET ADDRESS 7509 SAN MIGUEL WAY  
CITY-STATE-ZIP NAPLES FL

☐ DELETE

TITLE TD  
NAME HICKLEY, CHRIS  
STREET ADDRESS 7613 SAN SEBASTIAN WAY  
CITY-STATE-ZIP NAPLES FL 34109

☐ DELETE

TITLE VD  
NAME O'HARA, FRANK  
STREET ADDRESS 7607 SAN SEBASTIAN WAY  
CITY-STATE-ZIP NAPLES FL 34109

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ID  
1.2 NAME Ferencsik, Emery  
1.3 STREET ADDRESS 7514 San Gabriel Ln.  
1.4 CITY-STATE-ZIP

☐ Change ☐ Addition

2.1 TITLE TD  
2.2 NAME Hudson, Frank  
2.3 STREET ADDRESS 7500 San Miguel Way  
2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

3.1 TITLE SD  
3.2 NAME Portin, Jorge  
3.3 STREET ADDRESS 7584 San Miguel Way  
3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME PRESIDENT  
4.3 STREET ADDRESS HICKLEY, CHRIS  
4.4 CITY-STATE-ZIP 7613 SAN SEBASTIAN WAY

☒ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)