1) 2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **N46524** Apr 19, 2000 8:00 am Secretary of State MONTEREY SINGLE FAMILY VILLA HOME NEIGHBORHOOD A 04-19-2000 90081 027 ****61.25 Principal Place of Business Mailing Address % SOUTHWEST PROPERTY MGMT % SOUTHWEST PROPERTY MGMT 1044 CASTELLA DR 1044 CASTELLA DR NAPLES FL 34103-8901 NAPLES FL 33940 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0382467 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) SOUTHWEST PROPERTY MANAGEMENT 1044 CASTELLO DRIVE **SUITE #206** Zip Code FL NAPLES FL 34103 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Addition TITLE ☐ Delete TITLE EMERY, FERENCIK NAME NAME STREET ADDRESS STREET ADDRESS 7514 SAN GABRIEL LN. CITY-ST-ZIP CITY-ST-7IP NAPLES FL 34109 Addition TD TITLE ☐ Change ☐ Delete TITLE HUDSON, FRANK NAME NAME STREET ADDRESS STREET ADDRESS 17500 SAN MIGUEL WAY CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34109 ☐ Addition Delete Change TITLE TITLE FORTIN, JORGE NAME STREET ADDRESS 7584 SAN MIGUEL WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL Delete TITLE ☐ Change ☐ Addition HICKLEY, CHRIS NAME STREET ADDRESS 7613 SAN SEBASTIAN WAY STREET ADDRESS CITY-ST-ZIP NAPLES FL 34109 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE O'HARA, FRANK NAME NAME STREET ADDRESS 7607 SAN SEBASTIAN WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34109 Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE /

CITY-ST-7IP

CONTINUE AND THE OF DENIED WANT OF SIGNING SERVER OF DIRECTOR

4/13/2000 261-3440