

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46524

FILED
Mar 31, 2009
Secretary of State

Entity Name: MONTEREY SINGLE FAMILY VILLA HOME NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

% SOUTHWEST PROPERTY MGMT
1044 CASTELLO DR
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

% SOUTHWEST PROPERTY MGMT
1044 CASTELLO DR
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 65-0382467

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: NOVAKOVICH, DAN
Address: 7631 SAN SEBASTIAN WAY
City-St-Zip: NAPLES, FL 34109

Title: TD () Delete
Name: SHIPTON, ORAN
Address: 7564 SAN MIGUEL WAY
City-St-Zip: NAPLES, FL 34109

Title: PD () Delete
Name: DAY, TYLER
Address: 7560 SAN MIGUEL WAY
City-St-Zip: NAPLES, FL 34109

Title: VD () Delete
Name: HUDSON, FRANK
Address: 7500 SAN MIGUEL WAY
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: DEW, JOHN
Address: 7555 SAN MIGUEL WAY, #52
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: MARSHALL, LORI
Address: 7504 SAN MIGUEL WAY
City-St-Zip: NAPLES, FL 34109

Title: TD (X) Change () Addition
Name: WILSON, JIM
Address: 7551 SAN MIGUEL WAY
City-St-Zip: NAPLES, FL 34109

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TYLER DAY

P

03/31/2009

Electronic Signature of Signing Officer or Director

Date