

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90442 039 \*\*\*\*61.25

0052920

**DOCUMENT # N46524**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0382467**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>EMERY, FERENCIK</b>	
STREET ADDRESS	<b>7514 SAN GABRIEL LN.</b>	
CITY-ST-ZIP	<b>NAPLES FL 34109</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>HUDSON, FRANK</b>	
STREET ADDRESS	<b>7500 SAN MIGUEL WAY</b>	
CITY-ST-ZIP	<b>NAPLES FL 34109</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>O'HARA, FRANK</b>	
STREET ADDRESS	<b>7607 SAN SEBASTIAN WAY</b>	
CITY-ST-ZIP	<b>NAPLES FL 34109</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ferencsik, Emery</b>	
STREET ADDRESS	<b>7514 San Gabriel Ln.</b>	
CITY-ST-ZIP	<b>Naples, FL 34109</b>	
TITLE	<b>STO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Hudson, Frank</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'Hara, Frank</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Dew, John</b>	
STREET ADDRESS	<b>7555 San Miguel way</b>	
CITY-ST-ZIP	<b>Naples, FL 34109</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Day, Tyler</b>	
STREET ADDRESS	<b>7560 San Miguel way</b>	
CITY-ST-ZIP	<b>Naples, FL 34109</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

**SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)