

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004283

FILED
Apr 07, 2009
Secretary of State

Entity Name: MONTEREY VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3940 RADIO RD
#111
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

3940 RADIO RD
#111
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 65-0523445

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANCHOR ASSOCIATES INC
3940 RADIO RD
#111
NAPLES, FL 34104 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: PD () Delete
Name: SPITZER, EDWARD
Address: 8039 SAN VISTA CIR
City-St-Zip: NAPLES, FL

Title: VD () Delete
Name: BARR, BEVERLY
Address: 8087 SAN VISTA CIRCLE
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: GEOGHEGAN, KENETH
Address: 8083 SAN VISTA CIRCLE
City-St-Zip: NAPLES, FL 34109

Title: DVP () Delete
Name: TELEFORD, WITHROP
Address: 8092 SAN VISTA CIRCLE
City-St-Zip: NAPLES, FL 34109

Title: DP () Delete
Name: HANSON, MARGARET
Address: 8086 SAN VISTA CIRCLE
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SPITZER, EDWARD
Address: 8039 SAN VISTA CIR
City-St-Zip: NAPLES, FL 34109

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

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

Title: D (X) Change () Addition
Name: ANDERSON, KIM
Address: 8045 SAN VISTA CIRCLE
City-St-Zip: NAPLES, FL 34109

Title: P (X) Change () Addition
Name: HANSON, MARGARET
Address: 8086 SAN VISTA CIRCLE
City-St-Zip: NAPLES, FL 34109

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: TOM L DODSON

AM

04/07/2009

Electronic Signature of Signing Officer or Director

Date