

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 11 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000051522 (9)

1. Corporation Name

MONTEREY VILLAS, INC.

Principal Place of Business

5027 TAMAMI TRAIL EAST
NAPLES FL 33962

Mailing Address

5027 TAMAMI TRAIL EAST
NAPLES FL 33962

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/19/1993

3a. Date of Last Report

04/01/1994

2. Principal Place of Business

21 2063 Trade Center Way
Suite, Apt. #, etc.

2a. Mailing Address

25 Suite, Apt. #, etc.

4. FEI Number

65-0428893

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

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

City & State

23 Naples, FL

City & State

27

Zip

24 33942

Country

25 Callia

Zip

29

Country

30

9. Name and Address of Current Registered Agent

THRUSHMAN, GENE

5027 TAMAMI TRAIL EAST
NAPLES FL 33962

10. Name and Address of New Registered Agent

81 Name

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

2063 Trade Center Way

83

84 City

Naples

FL

85 Zip Code

33942

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

3/21/95

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	THRUSHMAN, GENE
STREET ADDRESS	5027 TAMAMI TRAIL EAST
CITY - ST - ZIP	NAPLES FL 33962
TITLE	D
NAME	ORMAN, JAMES H
STREET ADDRESS	1135 7TH STREET SOUTH
CITY - ST - ZIP	NAPLES FL 33940
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	2063 Trade Center Way
1.4 CITY - ST - ZIP	Naples, FL 33942
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	2063 Trade Center Way
2.4 CITY - ST - ZIP	Naples FL 33942
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature: typed or printed name of signing officer or director

3/21/95

Date

813-793-6746

Telephone Number