

4/3/1

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 12, 2002 8:00 am
Secretary of State

04-03-2002 90035 049 ****61.25

DOCUMENT # N01000008215

1. Entity Name

ALTESSA I AT VASARI CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

**C/O TAYLOR WOODROW
VASARI, L.L.C., 8430 ENTERPRISE CIR.
BRADENTON FL 34207**

Mailing Address

**C/O TAYLOR WOODROW
VASARI, L.L.C., 8430 ENTERPRISE CIR.
BRADENTON FL 34207**

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

02-0553585

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BASS, KEITH
C/O TAYLOR WOODROW
VASARI, L.L.C., 8430 ENTERPRISE CIR.
BRADENTON FL 34207**

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.

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	SMITH, ALAN B	
STREET ADDRESS	2950 IMMOKALEE RD., STE. 2	
CITY-ST-ZIP	NAPLES FL 34110	

TITLE	DV	<input type="checkbox"/> Delete
NAME	SCHWARTZ, DOUGLAS L	
STREET ADDRESS	2950 IMMOKALEE RD., STE. 2	
CITY-ST-ZIP	NAPLES FL 34110	

TITLE	DST	<input type="checkbox"/> Delete
NAME	REED, PHYLLIS A	
STREET ADDRESS	2950 IMMOKALEE RD., STE. 2	
CITY-ST-ZIP	NAPLES FL 34110	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/02 7275639282
ALAN B SMITH Date Daytime Phone #

CR2E037 (9/01)