AMENDED

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
04 MAY 21 PM 12:09
04-28-2004 90286 039 ****61.25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000008215

1. Entity Name
ALTESSA I AT VASARI CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8430 ENTERPRISE CIRCLE, SUITE 100 BRADENTON, FL 34202-4108	8430 ENTERPRISE CIRCLE, SUITE 100 BRADENTON, FL 34202-4108

04232004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
9411 CYPRESS LAKE DR	% School Management Inc
Suite, Apt. #, etc.: SUITE 2	Suite, Apt. #, etc.: 9411-2 Cypress Lake Drive
City & State: FORT MYERS FL	City & State: FORT MYERS, FL
Zip: 33919 Country: USA	Zip: 33919 Country: USA

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

SPENCER, MARC I
877 EXECUTIVE CENTER DRIVE W., SUITE 205
ST. PETERSBURG, FL 33702-2472

7. Name and Address of New Registered Agent

Name: ROBERT E GELLES
Street Address (P.O. Box Number is Not Acceptable): 9411-2 CYPRESS LAKE DRIVE
City: FORT MYERS FL Zip Code: 33919

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: Robert E. Gelles Robert E. Gelles 4/26/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SMITH, ALAN B 2950 IMMOKALEE RD., STE. 2 NAPLES, FL 34110	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D JOHN GALLI 28690 Altessa Way #202 BONITA SPRINGS, FL 34135	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV SCHWARTZ, DOUGLAS L 2950 IMMOKALEE RD., STE. 2 NAPLES, FL 34110	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D ART QUARTERMAINE 28710 ALTESSA WAY #201 BONITA SPRINGS, FL 34135	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST REED, PHYLLIS A 2950 IMMOKALEE RD., STE. 2 NAPLES, FL 34110	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D LEONARD RUGGIRELLO 28700 ALTESSA WAY #101 BONITA SPRINGS, FL 34135	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D KENNETH HEISER 28670 ALTESSA WAY #101 BONITA SPRINGS, FL 34135	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BILL SCHILLING 28690 ALTESSA WAY #101 BONITA SPRINGS, FL 34135	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: John Galli John Galli 4.27.04 (239) 481-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #