

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90255 025 ****61.25

DOCUMENT # N01000008215 1. Entity Name ALTESSA I AT VASARI CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 9411 CYPRESS LAKE DR SUITE 2 FORT MYERS, FL 33919			Mailing Address C/O SCHOO MANAGEMENT, INC. 9411-2 CYPRESS LAKE DRIVE FORT MYERS, FL 33919		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 02-0553585	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GELLES, ROBERT E 9411-2 CYPRESS LAKE DR FORT MYERS, FL 33919			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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	PD GALLI, JOHN 28650 ALTESSA WAY #202 BONITA SPRINGS, FL 34135	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV QUARTERMAINE, ART 28710 ALTESSA WAY #201 BONITA SPRINGS, FL 34135	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSSINI, JOSEPH 508 W. BRIGANTINE AVE BRIGANTINE, NJ 08203	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOECKLEN, LAWRENCE 28730 ALTESSA WAY #201 BONITA SPRINGS, FL 34135	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHILLING, BILL 28690 ALTESSA WAY #101 BONITA SPRINGS, FL 34135	☐ Delete			
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 exemptions contained 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 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: <u>John Galli</u> <u>John Galli</u> <u>4-26-08</u> <u>(239) 481-4700</u>					