

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003117

FILED
Apr 15, 2009
Secretary of State

Entity Name: ALTESSA III AT VASARI CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

SCHOO MGMT., INC.
9411 CYPRESS LAKE DRIVE - #2
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

SCHOO MGMT., INC.
9411 CYPRESS LAKE DRIVE - #2
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 20-1945228

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GELLES, BOB
SCHOO MGMT., INC.
9411 CYPRESS LAKE DRIVE - STE2
FORT MYERS, FL 33919 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: HALLER, ROBERT
Address: 28500 ALTESSA WAY #202
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VD () Delete
Name: HIRSCH, RAY
Address: 28500 ALTESSA WAY #101
City-St-Zip: BONITA SPRINGS, FL 34135

Title: ST () Delete
Name: COX, JIM
Address: 28550 ALTESSA WAY #201
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D () Delete
Name: SWEENEY, MARK
Address: 28540 ALTESSA WAY #201
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D () Delete
Name: KATZ, ELLIOT
Address: 28530 ALTESSA WAY #101
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: ROBERT E GELLES

CAM

04/15/2009

Electronic Signature of Signing Officer or Director

Date