

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008226

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: ALTESSA AT VASARI VILLAGE ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 02-0553581

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GELLES, BOB  
SCHOO MANAGEMENT, INC.  
9411 CYPRESS LAKE DRIVE - STE 2  
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: P ( ) Delete  
Name: GALLI, JOHN  
Address: 28650 ALTESSA WAY #202  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: V ( ) Delete  
Name: FRITZ, LOU  
Address: 28500 ALTESSA WAY #202  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: ST ( ) Delete  
Name: HALLER, BOB  
Address: 28500 ALTESSA WAY #202  
City-St-Zip: BONITA SPRINGS, FL 34135

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: GALLI, JOHN  
Address: 28690 ALTESSA WAY #202  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: V (X) Change ( ) Addition  
Name: FRITZ, LOU  
Address: 28600 ALTESSA WAY #202  
City-St-Zip: BONITA SPRINGS, FL 34135

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

04/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date