

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003117

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

8359 BEACON BLVD  
313  
FORT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

8359 BEACON BLVD  
313  
FORT MYERS, FL 33907

**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:**

HAYDEN & ASSOCIATES  
8359 BEACON BLVD  
313  
FORT MYERS, FL 33908 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: D  
Name: HALLER, ROBERT  
Address: 8359 BEACON BLVD  
City-St-Zip: FORT MYERS, FL 33907

Title: P  
Name: HIRSCH, RAY  
Address: 8359 BEACON BLVD  
City-St-Zip: FORT MYERS, FL 33907

Title: VP  
Name: KATZ, ELLIOT  
Address: 8359 BEACON BLVD  
City-St-Zip: FORT MYERS, FL 33907

Title: ST  
Name: SWEENY, MARK  
Address: 8359 BEACON BLVD  
City-St-Zip: FORT MYERS, FL 33907

I hereby 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 all other like empowered.

SIGNATURE: RAY HIRSCH

P

04/19/2012

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

\_\_\_\_\_  
Date