

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000008215

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

**FILED**  
**Mar 22, 2017**  
**Secretary of State**  
**CC1536507196**

**Current Principal Place of Business:**

C/O RESORT MANAGEMENT  
2685 HORSESHOE DR S #215  
NAPLES, FL 34104

**Current Mailing Address:**

C/O RESORT MANAGEMENT  
2685 HORSESHOE DR S #215  
NAPLES, FL 34104 US

**FEI Number: 02-0553585**

**Certificate of Status Desired: No**

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

BECKER & POLIAKOFF  
4001 TAMiami TRAIL NORTH  
SUITE 410  
NAPLES, FL 34103 US

*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: JOSEPH E. ADAMS, ESQ.**

**03/22/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name QUARTERMAINE, ART  
Address 28710 ALTESSA WAY  
#201  
City-State-Zip: BONITA SPRINGS FL 34135

Title T  
Name WILSON, JOHN  
Address 28730 ALTESSA WAY  
#202  
City-State-Zip: BONITA SPRINGS FL 34135

Title PRESIDENT  
Name SANDS, BARRY  
Address 28700 ALTESSA WAY  
#202  
City-State-Zip: BONITA SPRINGS FL 34135

Title SECRETARY  
Name SMITH, RICHARD  
Address 28720 ALTESSA WAY  
#101  
City-State-Zip: BONITA SPRINGS FL 34135

*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: BARRY SANDS**

**PRESIDENT**

**03/22/2017**

Electronic Signature of Signing Officer/Director Detail

Date