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.

PRESIDENT

SIGNATURE: BARRY SANDS

Electronic Signature of Signing Officer/Director Detail

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

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

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

DOCUMENT# N0100008215

Current Mailing Address:

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

FEI Number: 02-0553585

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	UOSEPH E. ADAMS, ESQ.			04/08/2016	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	VP	Title	Т		
Name	QUARTERMAINE, ART	Name	WILSON, JOHN		
Address	28710 ALTESSA WAY #201	Address	28730 ALTESSA WAY #202		
City-State-Zip:	BONITA SPRINGS FL 34135	City-State-Zip:	BONITA SPRINGS FL 34135		
Title	PRESIDENT				
Name	SANDS, BARRY				
Address	28700 ALTESSA WAY #202				
City-State-Zip:	BONITA SPRINGS FL 34135				

Certificate of Status Desired: No

04/08/2016 Date

FILED Apr 08, 2016 Secretary of State CC3881616307