

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000008226

**FILED  
Apr 30, 2018  
Secretary of State  
CC8444945010**

**Entity Name:** ALTESSA AT VASARI VILLAGE ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 02-0553581

**Certificate of Status Desired:** No

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

ADAMCZYK, STEVE  
GOEDE, ADAMCZYK, DEBOEST ^ CROSS, PLLC  
8950 FONTANA DEL SOL WAY1ST FLOOR  
NAPLES, FL 34109 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           TREASURER  
Name           SANDS, BARRY  
Address        C/O RESORT MANAGEMENT  
                  2685 HORSESHOE DR #215  
City-State-Zip: NAPLES FL 34104

Title           PRESIDENT  
Name           SHEIN, DIANE  
Address        C/O RESORT MANAGEMENT  
                  2685 HORSESHOE DR #215  
City-State-Zip: NAPLES FL 34104

*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:** DIANE SHEIN

**PRESIDENT**

**04/30/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date