

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000008226

**FILED**  
**Apr 12, 2024**  
**Secretary of State**  
**0856904168CC**

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 02-0553581

**Certificate of Status Desired:** No

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

RESORT MANAGEMENT  
C/O RESORT MANAGEMENT  
2685 HORSESHOE DR S UNIT#215  
NAPLES, FL 34104 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:** ROBERT ROSENOW

04/12/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           MCALLISER, PETER  
Address        C/O RESORT MANAGEMENT  
                  2685 HORSESHOE DR S UNIT#215  
City-State-Zip: NAPLES FL 34104

Title           SECRETARY  
Name           DAVIS, HUGH  
Address        C/O RESORT MANAGEMENT  
                  2685 HORSESHOE DR S UNIT#215  
City-State-Zip: NAPLES FL 34104

Title           VP  
Name           BIRD, DAVID  
Address        C/O RESORT MANAGEMENT  
                  2685 HORSESHOE DR S UNIT#215  
City-State-Zip: NAPLES FL 34104

Title           PRESIDENT  
Name           CLARK, BRANDON  
Address        C/O RESORT MANAGEMENT  
                  2685 HORSESHOE DR S UNIT#215  
City-State-Zip: NAPLES FL 34104

Title           DIRECTOR  
Name           CLUM, ROBERT  
Address        C/O RESORT MANAGEMENT  
                  2685 HORSESHOE DR S UNIT#215  
City-State-Zip: NAPLES FL 34104

Title           DIRECTOR  
Name           KENT , JOHN  
Address        C/O RESORT MANAGEMENT  
                  2685 HORSESHOE DR S UNIT#215  
City-State-Zip: NAPLES FL 34104

Title           DIRECTOR  
Name           RINKER, MARILYN  
Address        C/O RESORT MANAGEMENT  
                  2685 HORSESHOE DR S UNIT#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:** JOHN KENT

**DIRECTOR**

04/12/2024

Electronic Signature of Signing Officer/Director Detail

Date