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

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

Name and Address of Current Registered Agent:

HIRSCH, RAY 28500 ALTESSA WAY 101 BONITA SPRINGS, FL 34135 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	: RAY HIRSCH			06/10/2014
	Electronic Signature of Registered Agent			Date
Officer/Direc	tor Detail :			
Title	PRESIDENT	Title	SECRETARY	
Name	HIRSCH, RAY	Name	ROBERTS, ALBERT	
Address	28500 ALTESSA WAY 101	Address	28620 ALTESSA WAY 201	
City-State-Zip:	BONITA SPRINGS FL 34135	City-State-Zip:	BONITA SPRINGS FL 34135	
Title	TREASURER			
Name	REISSNER, PAM			
Address	PO BOX 681484			
City-State-Zip:	INDIANAPOLIS IN 46268			

Entity Name: ALTESSA AT VASARI VILLAGE ASSOCIATION, INC.

Current Principal Place of Business:

2685 HORSESHOE DRIVE S 215 NAPLES, FL 34104

Current Mailing Address:

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

FEI Number: 02-0553581

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N0100008226

FILED Jun 10, 2014 Secretary of State CC6716219150

Certificate of Status Desired: No

06/10/2014 Date