## 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008226

Entity Name: ALTESSA AT VASARI VILLAGE ASSOCIATION, INC.

**FILED** Apr 27, 2021 **Secretary of State** 6147376125CC

## **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:

RESORT MANAGEMENT C/O RESORT MANAGEMENT 2685 HORSESHOE DRIVE S 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 04/27/2021

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **TREASURER** Title SECRETARY Name MCALLISER, PETER Name SHEIN, DIANE

Address C/O RESORT MANAGEMENT Address C/O RESORT MANAGEMENT 2685 HORSESHOE DRIVE S 215 2685 HORSESHOE DRIVE S 215

City-State-Zip: City-State-Zip: NAPLES FL 34104 NAPLES FL 34104

Title VΡ Title **PRESIDENT** 

Name FUSCO, TIMOTHY Name CLARK, BRANDON

Address C/O RESORT MANAGEMENT Address C/O RESORT MANAGEMENT

2685 HORSESHOE DRIVE S 215 2685 HORSESHOE DRIVE S 215

City-State-Zip: NAPLES FL 34104 City-State-Zip: NAPLES FL 34104

Title DIRECTOR Title DIRECTOR CLUM, ROBERT KENT, JOHN Name Name

Address C/O RESORT MANAGEMENT Address C/O RESORT MANAGEMENT

2685 HORSESHOE DRIVE S 215 2685 HORSESHOE DRIVE S 215

City-State-Zip: NAPLES FL 34104 City-State-Zip: NAPLES FL 34104

Title DIRECTOR Name DAVIS. HUGH

Address C/O RESORT MANAGEMENT

2685 HORSESHOE DR #215

NAPLES FL 34104 City-State-Zip:

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.

04/27/2021 SIGNATURE: BRANDON CLARK **PRESIDENT**