

AMENDED

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04-28-2004 90286 039 ***61.25

DOCUMENT # N01000008215		04-28-2004 90286039 *****61.25 TALLAHASSEE, FLORIDA	
1. Entity Name ALTESSA I AT VASARI CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 8430 ENTERPRISE CIRCLE, SUITE 100 BRADENTON, FL 34202-4108		Mailing Address 8430 ENTERPRISE CIRCLE, SUITE 100 BRADENTON, FL 34202-4108	
2. Principal Place of Business 9411 CYPRESS LAKE DR		3. Mailing Address 9411-2 Cypress Lake Drive	
Suite, Apt. #, etc. SUITE 2		Suite, Apt. #, etc. SUITE 2	
City & State FORT MYERS FL		City & State FORT MYERS, FL	
Zip 33919		Country USA	
6. Name and Address of Current Registered Agent SPENCER, MARC I 877 EXECUTIVE CENTER DRIVE W., SUITE 205 ST. PETERSBURG, FL 33702-2472		7. Name and Address of New Registered Agent Name ROBERT E GELLES Street Address (P.O. Box Number is Not Acceptable) 9411-2 CYPRESS LAKE DRIVE City FORT MYERS FL Zip Code 33919	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Robert E. Geller Filing Fee is \$61.25 Due by May 1, 2004 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SMITH, ALAN B 2950 IMMOKALEE RD., STE. 2 NAPLES, FL 34110	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D JOHN GALLI 28690 ALTESSA WAY #202 BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SCHWARTZ, DOUGLAS L 2950 IMMOKALEE RD., STE. 2 NAPLES, FL 34110	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D ART QUARTERMANE 28710 ALTESSA WAY #201 BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST REED, PHYLLIS A. 2950 IMMOKALEE RD., STE. 2 NAPLES, FL 34110	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D LEONARD RUGGIRELLO 28700 ALTESSA WAY #101 BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D KUNETH HEISER 28670 ALTESSA WAY #101 BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BILL SCHILLING 28690 ALTESSA WAY #101 BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: John Galli John Galli Date: 4-27-04 Daytime Phone: (239) 451-4700			