2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008215

FILED Apr 23, 2009 Secretary of State

Entity Name: ALTESSA I AT VASARI CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 9411 CYPRESS LAKE DR SUITE 2 FORT MYERS, FL 33919 **New Mailing Address: Current Mailing Address:** C/O SCHOO MANAGEMENT, INC. 9411-2 CYPRESS LAKE DRIVE FORT MYERS, FL 33919 FEI Number: 02-0553585 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GELLES, ROBERT E 9411-2 CYPRESS LAKE DR FORT MYERS, FL 33919 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition GALLI, JOHN Name: Name: 28650 ALTESSA WAY #202 Address: Address: City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: Title: () Delete Title: (X) Change () Addition QUARTERMAINE, ART Name: QUARTERMAINE, ART Name: Address: 28710 ALTESSA WAY #201 Address: 28710 ALTESSA WAY #201 City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: BONITA SPRINGS, FL 34135 Title: () Delete Title: (X) Change () Addition ROSSINI, JOSEPH ROSSINI, JOSEPH Name: Name: 508 W. BRIGANTINE AVE 508 W. BRIGANTINE AVE Address: Address: City-St-Zip: BRIGANTINE, NJ 08203 City-St-Zip: BRIGANTINE, NJ 08203 Title: TD () Delete Title: (X) Change () Addition Name: BOECKLEN, LAWRENCE Name: REISSNER, PAMELA Address: 28730 ALTESSA WAY #201 Address: 28680 ALTESSA WAY #102 City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: BONITA SPRINGS, FL 34135 Title: () Delete Title: (X) Change () Addition SCHILLING, BILL SCHILLING, BILL Name: Name: 28690 ALTESSA WAY #101 28690 ALTESSA WAY #101 Address: Address: City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: BONITA SPRINGS, FL 34135

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT E GELLES CAM 04/23/2009