

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90128 007 ****61.25

DOCUMENT # N01000008216					
1. Entity Name TRIESTE 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 Drive Suite, Apt. #, etc. Suite 2		3. Mailing Address 9411 Cypress Lake Dr Suite, Apt. #, etc. Suite 2			
City & State Fort Myers, FL		City & State Fort Myers, FL		4. FEI Number 04-3609039	
Zip 33919		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 c/o Schoo Management Street Address (P.O. Box Number is Not Acceptable) 9411 Cypress Lake Drive Suite 2 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 4-26-05 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 DP NAME SMITH, ALAN B STREET ADDRESS 2950 IMMOKALEE RD., STE. 2 CITY-ST-ZIP NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete		TITLE PD NAME Mulcahy STREET ADDRESS 600 Summer Street Unit 18 CITY-ST-ZIP Duxbury, MA 02332	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DV NAME SCHWARTZ, DOUGLAS L STREET ADDRESS 2950 IMMOKALEE RD., STE. 2 CITY-ST-ZIP NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete		TITLE VD NAME Elliott Katz STREET ADDRESS 4 Nicklaus Court CITY-ST-ZIP Florham Park, NJ 07932	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME WHITMORE, JAMES A STREET ADDRESS 2950 IMMOKALEE RD., STE. 2 CITY-ST-ZIP NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete		TITLE SD NAME Linda Pini STREET ADDRESS 21 Palmer Ave CITY-ST-ZIP Rehoboth Beach, DE 19971	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VST NAME BRATT, C. ALEXANDER STREET ADDRESS 8430 ENTERPRISE CIRCLE, SUITE 100 CITY-ST-ZIP BRADENTON, FL 342024108	<input checked="" type="checkbox"/> Delete		TITLE D NAME Joe Piazzon STREET ADDRESS 55 West Side Dr CITY-ST-ZIP Rehoboth Beach, DE 19971	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE AS NAME SPENCER, MARC I STREET ADDRESS 877 EXECUTIVE CENTER DR. W., STE 205 CITY-ST-ZIP ST. PETERSBURG, FL 337022472	<input checked="" type="checkbox"/> Delete		TITLE D NAME SPENCER, MARC I STREET ADDRESS 877 EXECUTIVE CENTER DR. W., STE 205 CITY-ST-ZIP ST. PETERSBURG, FL 337022472	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 an other like empowered.					
SIGNATURE: Joe Piazzon 4-18-05 481-4700 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					