

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2007 8:00 am
Secretary of State

05-15-2007 90008 036 ****61.25

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| DOCUMENT # N01000008226 | | | | | |
| 1. Entity Name ALTESSA AT VASARI VILLAGE 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 - No P.O. Box # | | 3. Mailing Address | | | |
| Sui Schoo Management, Inc. 9411 Cypress Lake Drive - # 2 Fort Myers, Florida 33919 | | Schoo Management, Inc. 9411 Cypress Lake Drive - # 2 Fort Myers, Florida 33919 | | 01242007 Chg-NP CR2E037 (12/06) | |
| City Fort Myers, Florida 33919 | | City or State | | 4. FEI Number 02-0553581 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| SPENCER, MARC I 877 EXECUTIVE CENTER DRIVE W., SUITE 205 ST. PETERSBURG, FL 33702-2472 | | | | Name Bob Gelles Street Address Schoo Management, Inc. 9411 Cypress Lake Drive - Suite 2 Fort Myers, Florida 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 <i>Robert E. Gelles</i> <i>Robert E. Gelles</i> CAM 4-16-07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing <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 NAME STREET ADDRESS CITY-ST-ZIP | DV SMITH, ALAN B 2950 IMMOKALEE RD, STE 2 NAPLES, FL 34110 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P John Gelli 28500 Altessa Way #202 Bonita Springs, FL 34135 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS FICHTER, THOMAS P JR 2950 IMMOKALEE RD, STE 2 NAPLES, FL 34110 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Lou Fritz 28500 Altessa Way #202 Bonita Springs, FL 34135 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP WHITMORE, JAMES A 2950 IMMOKALEE RD, STE 2 NAPLES, FL 34110 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST Bob Haller 28500 Altessa Way #202 Bonita Springs, FL 34135 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS SPENCER, MARC I 877 EXECUTIVE CENTER DR. W., STE 205 ST. PETERSBURG, FL 337022472 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T COHEN, ANN S 877 EXECUTIVE CENTER DR. W., STE 205 ST. PETERSBURG, FL 33702 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>John Gelli</i> <i>John Gelli</i> President 4-16-07 (231) 481-4700 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |