2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N01000008226

Entity Name: ALTESSA AT VASARI VILLAGE ASSOCIATION, INC.

Current Principal Place of Business:

SCHOO MANAGEMENT, INC.
9411 CYPRESS LAKE DRIVE -#2
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

SCHOO MANAGEMENT, INC.
9411 CYPRESS LAKE DRIVE -#2
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 02-0553581 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GELLES, BOB
SCHOO MANAGEMENT, INC.
9411 CYPRESS LAKE DRIVE - STE 2
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

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:

Title: P ( ) Delete
Name: GALLI, JOHN
Address: 28650 ALTESSA WAY #202
City-St-Zip: BONITA SPRINGS, FL 34135

Title: V ( ) Delete
Name: FRITZ, LOU
Address: 28500 ALTESSA WAY #202
City-St-Zip: BONITA SPRINGS, FL 34135

Title: ST ( ) Delete
Name: HALLER, BOB
Address: 28500 ALTESSA WAY #202
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GALLI, JOHN
Address: 28690 ALTESSA WAY #202
City-St-Zip: BONITA SPRINGS, FL 34135

Title: V (X) Change ( ) Addition
Name: FRITZ, LOU
Address: 28600 ALTESSA WAY #202
City-St-Zip: BONITA SPRINGS, FL 34135

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

Electronic Signature of Signing Officer or Director — Date