

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005519

FILED
Apr 16, 2009
Secretary of State

Entity Name: TRIESTE II AT VASARI CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

9411 CYPRESS LAKE DR
SUITE 2
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

9411 CYPRESS LAKE DR
SUITE 2
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 20-0069841

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GELLES, ROBERT E
C/O SCHOO MANAGEMENT
9411 CYPRESS LAKE DRIVE, SUITE 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: PD () Delete
Name: TOBIN, JOE
Address: 11101 CORSIA TRIESTE WAY #103
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D () Delete
Name: OSWALD, CAROLYN
Address: 11091 CORSIA TRIESTE WAY 103
City-St-Zip: BONITA SPRINGS, FL 34135

Title: SD () Delete
Name: RADICK, KATHY
Address: 11101 ORSIA TRIESTA WAY #202
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VP () Delete
Name: MCATEER, TOM
Address: 10 MONROE BLVD APT 6F
City-St-Zip: LONG BEACH, NY 11561

Title: D () Delete
Name: BRANT, RICHARD
Address: 11091 ORSIA TRIESTA WAY #203
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: OSWALD, CAROLYN
Address: 11091 CORSIA TRIESTE WAY 103
City-St-Zip: BONITA SPRINGS, FL 34135

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

Title: D (X) Change () Addition
Name: MCATEER, TOM
Address: 10 MONROE BLVD APT 6F
City-St-Zip: LONG BEACH, NY 11561

Title: VP (X) Change () Addition
Name: BRANT, RICHARD
Address: 11091 ORSIA TRIESTA WAY #203
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

04/16/2009

Electronic Signature of Signing Officer or Director

Date