## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000005519

FILED Apr 12, 2012 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

9411 CYPRESS LAKE DR 8359 BEACON BLVD

SUITE 2 SUITE 313

FORT MYERS, FL 33919 FORT MYERS, FL 33907

Current Mailing Address: New Mailing Address:

9411 CYPRESS LAKE DR 8359 BEACON BLVD

SUITE 2 SUITE 313

FORT MYERS, FL 33919 FORT MYERS, FL 33907

FEI Number: 20-0069841 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 HAYDEN & ASSOCIATES C/O SCHOO MANAGEMENT 8359 BEACON BLVD

9411 CYPRESS LAKE DRIVE, SUITE 2 STE 313

FORT MYERS, FL 33919 US FORT MYERS, FL 33907 US

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: KEN HAYDEN 04/12/2012

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: F

Name: DELEO, PAUL
Address: 8359 BEACON BLVD
City-St-Zip: FT MYERS, FL 33907

Title: S

 Name:
 TOBIN, JOE

 Address:
 8359 BEACON BLVD

 City-St-Zip:
 FORT MYERS, FL 33907

Title: VP

 Name:
 RADICK, KATHY

 Address:
 8359 BEACON BLVD

 City-St-Zip:
 FORT MYERS, FL 33907

Title: T

 Name:
 OSWALD, CAROLYN

 Address:
 8359 BEACON BLVD

 City-St-Zip:
 FORT MYERS, FL 33907

I hereby 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 all other like empowered.

SIGNATURE: PAUL DELEO P 04/12/2012