

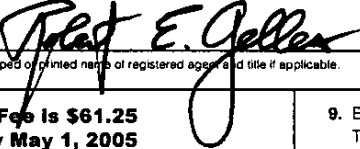
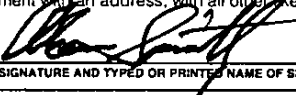


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

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

05-04-2005 90128 013 \*\*\*\*61.25

DOCUMENT # N02000005610					
1. Entity Name ALTESSA II AT VASARI CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business <del>8430 ENTERPRISE CIRCLE, SUITE 100</del> BRADENTON, FL 34202-4108			Mailing Address <del>8430 ENTERPRISE CIRCLE, STE 100</del> BRADENTON, FL 34202-4108		
2. Principal Place of Business 9411 Cypress Lake Dr Suite, Apt. #, etc. Suite 2 City & State Ft. Myers FL Zip 33919 Country US		3. Mailing Address 9411 Cypress Lake Dr Suite, Apt. #, etc. Suite 2 City & State Ft. Myers FL Zip 33919 Country US			
4. FEI Number 57-1159770				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04142005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent <del>SPENCER, MARC I</del> <del>877 EXECUTIVE CENTER DRIVE W., SUITE 205</del> <del>ST. PETERSBURG, FL 33702-2472</del>			7. Name and Address of New Registered Agent Name Robert E. Gelles Street Address (P.O. Box Number is Not Acceptable) 9411 Cypress Lake Dr Suite 2 City Ft. 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  Robert E. Gelles 4-26-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> DATE					
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 NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, ALAN B 2950 IMMOKALEE ROAD #2 NAPLES, FL 34110	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHWARTZ, DOUGLAS L 2950 IMMOKALEE ROAD #2 NAPLES, FL 34110	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITMORE, JAMES A 2950 IMMOKALEE ROAD #2 NAPLES, FL 34110	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST BRATT, C. ALEXANDER 8430 ENTERPRISE CIRCLE, STE 100 BRADENTON, FL 342024108	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SPENCER, MARC I 877 EXECUTIVE CENTER DR. W., STE 205 ST. PETERSBURG, FL 337022472	<input type="checkbox"/> Delete			
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			
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"/> Change <input type="checkbox"/> Addition			
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 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 all other the empowered.					
SIGNATURE:  Alan Smith 4-11-05 (239) 481-4700 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					