

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003117

FILED
Apr 14, 2011
Secretary of State

Entity Name: ALTESSA III AT VASARI CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

8359 BEACON BLVD
313
FORT MYERS, FL 33907

Current Mailing Address:

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

New Mailing Address:

8359 BEACON BLVD
313
FORT MYERS, FL 33907

FEI Number: 20-1945228

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GELLES, BOB
SCHOO MGMT., INC.
9411 CYPRESS LAKE DRIVE - STE2
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

HAYDEN & ASSOCIATES
8359 BEACON BLVD
313
FORT MYERS, FL 33908 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

04/14/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: HALLER, ROBERT
Address: 28500 ALTESSA WAY #202
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VP
Name: HIRSCH, RAY
Address: 28500 ALTESSA WAY #101
City-St-Zip: BONITA SPRINGS, FL 34135

Title: ST
Name: KATZ, ELLIOT
Address: 28530 ALTESSA WAY #101
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D
Name: SWEENEY, MARK
Address: 28540 ALTESSA WAY #201
City-St-Zip: BONITA SPRINGS, FL 34135

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: RAY HIRSCH

PRES

04/14/2011

Electronic Signature of Signing Officer or Director

Date