2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2005 8:00 am
Secretary of State
05-04-2005 90128 015 ****61.25

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DOCUMENT # N04000003119

1. Entity Name
MATERA I AT VASARI CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~% TAYLOR WOODROW AT VASARI L.L.C.~~ ~~8430 ENTERPRISE CIRCLE, SUITE 100~~ ~~BRADENTON, FL 34202~~	~~% TAYLOR WOODROW AT VASARI L.L.C.~~ ~~8430 ENTERPRISE CIRCLE, SUITE 100~~ ~~BRADENTON, FL 34202~~

04142005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
9911 Cypress Lake Dr	9911 Cypress Lake Dr
Suite, Apt. #, etc.: Suite 2	Suite, Apt. #, etc.: Suite 2
City & State: Ft. Myers FL	City & State: Ft. Myers FL
Zip: 33919 Country: US	Zip: 33919 Country: US

4. FEI Number: 20-1656143 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~SPENCER, MARC I~~ ~~877 EXECUTIVE CENTER DRIVE WEST~~ ~~SUITE 205~~ ST PETERSBURG, FL 33702-2472	Name: Robert E Grelles Street Address (P.O. Box Number is Not Acceptable): 9911 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. Grelles Robert E. Grelles 4-26-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 MMOKALEE ROAD SUITE 2 NAPLES, FL 34110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SCHWORTZ, DOUGLAS L 2950 IMMOKELEE ROAD, SUITE 2 NAPLES, FL 34110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD BRATT, C. ALEXANDER 2950 IMMOKELEE ROAD, SUITE 2 NAPLES, FL 34110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SPENCER, MARC I ASST. 877 EXECUTIVE CENTER DR W #205 ST PETERSBURG, 33 7022472	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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 like empowered.

SIGNATURE: Alan Smith 4-11-05 (239) 481-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #