2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003120

Entity Name: MATERA AT VASARI VILLAGE ASSOCIATION, INC,

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business:

% TAYLOR WOODROW COMMINITIES AT CASARI L. 8430 ENTERPRISE CIRCLE, SUITE 100

BRADENTOM, FL 34202

Current Mailing Address:

% TAYLOR WOODROW COMMINITIES AT CASARI L. 8430 ENTERPRISE CIRCLE, SUITE 100 BRADENTOM, FL 34202

FEI Number: 20-1656692

FEI Number Applied For ()

New Principal Place of Business:

% TAYLOR WOODROW COMMUNITIES 8430 ENTERPRISE CIRCLE, SUITE 100

BRADENTON FL 34202

New Mailing Address:

% TAYLOR WOODROW COMMUNITIES 8430 ENTERPRISE CIRCLE, SUITE 100

SPENCER, MARC I

BRADENTON, FL 34202

FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SPENCER, MARII 877 EXECÚTIVE CENTER DRIVE WEST SUITE 205 ST. PETERSBURG, FL 337022472 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:

Name:

Address:

City-St-Zip:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

877 EXECUTIVE CENTER DR W., SUITE 205

ST. PETERSBURG, FL 337022472

() Delete () Change (X) Addition SMITH, ALAN B Name: Name: Address: Address: 8430 ENTERPRISE CIRCLE, SUITE 100 BRADENTON, FL 34202 City-St-Zip: City-St-Zip: Title: Title: () Change (X) Addition () Delete Name: Name: FICHTER, THOMAS P JR Address: Address: 8430 ENTERPRISE CIRCLE, SUITE 100 City-St-Zip: City-St-Zip: BRADENTON, FL 34202 Title: () Delete Title: () Change (X) Addition WHITMORE, JAMES A Name: Name: 8430 ENTERPRISE CIRCLE, SUITE 100 Address: Address: City-St-Zip: City-St-Zip: BRADENTON, FL 34202 Title: () Delete Title: AS () Change (X) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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

Name:

Address:

City-St-Zip:

SIGNATURE: ALAN B. SMITH Ρ 04/29/2005

above, or on an attachment with an address, with all other like empowered.