


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90072 044 ****61.25

DOCUMENT # N04000003120

1. Entity Name
 MATERA AT VASARI VILLAGE ASSOCIATION, INC.



Principal Place of Business
 % TAYLOR WOODROW COMMUNITIES
 8430 ENTERPRISE CIRCLE, SUITE 100
 BRADENTON, FL 34202

Mailing Address
 % TAYLOR WOODROW COMMUNITIES
 8430 ENTERPRISE CIRCLE, SUITE 100
 BRADENTON, FL 34202

2. Principal Place of Business - No P.O. Box #
 Suit **Schoo Management, Inc.**
9411 Cypress Lake Drive - # 2
 City **Fort Myers, Florida 33919**

3. Mailing Address
Schoo Management, Inc.
9411 Cypress Lake Drive - # 2
Fort Myers, Florida 33919

Zip Country Zip Country

4. FEI Number
 20-1656692

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

01242007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent
~~SPENCER, MARC I
 877 EXECUTIVE CENTER DRIVE WEST
 SUITE 205
 ST. PETERSBURG, FL 33702-2472~~

7. Name and Address of New Registered Agent
 Name **Bob Gelles**
 Street Address **Schoo Management, Inc.**
9411 Cypress Lake Drive - Suite 2
 City **Fort Myers, Florida 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* *Robert E. Gelles, CAM* DATE **4-21-07**

Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SMITH, ALAN B 8430 ENTERPRISE CIRCLE, SUITE 100 BRADENTON, FL 34202 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FICHTER, THOMAS P JR 8430 ENTERPRISE CIRCLE, SUITE 100 BRADENTON, FL 34202 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WHITMORE, JAMES A 8430 ENTERPRISE CIRCLE, SUITE 100 BRADENTON, FL 34202 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SPENCER, MARC I 877 EXECUTIVE CENTER DR W., SUITE 205 ST. PETERSBURG, FL 337022472 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COHEN, ANN S 877 EXECUTIVE CENTER DR W., SUITE 205 ST. PETERSBURG, FL 33702 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Jim Carlson 12015 Matera Lane # 201 Bonita Springs, FL 34135 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Wayne D. Carlo 12015 Matera Lane # 102 Bonita Springs, FL 34135 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Richard Foley 28420 Akhara Way # 203 Bonita Springs, FL 34135 <input checked="" 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 exemptions contained in Chapter 119, 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: *Wayne D. Carlo* *Wayne D. Carlo* DATE **4-17-07** (239) **487-4700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #