

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 16, 2009
Secretary of State**

DOCUMENT# N04000003120

Entity Name: MATERA AT VASARI VILLAGE ASSOCIATION, INC,

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-1656692 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GELLES, BOB
9411 CYPRESS LAKE DRIVE
SUITE 2
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CARLSON, JIM
Address: 12015 MATORA LANE #201
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VD () Delete
Name: DI CARLO, WAYNE
Address: 12640 MATARA LANE #102
City-St-Zip: BONITA SPRINGS, FL 34135

Title: ST () Delete
Name: FOLEY, RICHARD
Address: 28430 ALTEASE WAY #203
City-St-Zip: BONITA SPRINGS, FL 34135

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WARDLE, RAY
Address: 28406 ALTESSA WAY # 204
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VP (X) Change () Addition
Name: DI CARLO, WAYNE
Address: 12640 MATARA LANE #102
City-St-Zip: BONITA SPRINGS, FL 34135

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: BACON, HARRY
Address: 63 TANGLEWOOD DR
City-St-Zip: POCONO PINES, PA 18350

Title: D () Change (X) Addition
Name: MILLEDGE, MIKE
Address: 28430 ALTESSA WAY #204
City-St-Zip: BONITA SPRINGS, FL 34134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT E GELLES

CAM

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date