
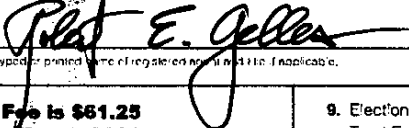
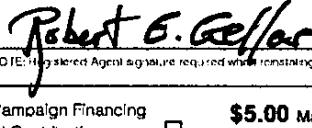




**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90162 022 \*\*\*\*61.25

<b>DOCUMENT # N04000004982</b>			
1. Entity Name <b>MATERA II AT VASARI CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>C/O TAYLOR WOODROW 8430 ENTERPRISE CIRCLE SUITE 100 BRADENTON, FL 34202</b>		Mailing Address <b>C/O TAYLOR WOODROW 8430 ENTERPRISE CIRCLE SUITE 100 BRADENTON, FL 34202</b>	
2. Principal Place of Business <b>9411 Cypress Lake Drive</b> Suite, Apt. #, etc. <b>Suite 2</b>		3. Mailing Address <b>9411 Cypress Lake Drive</b> Suite, Apt. #, etc. <b>Suite 2</b>	
City & State <b>Fort Myers, FL</b>		City & State <b>Fort Myers, FL</b>	
Zip <b>33919</b>	Country <b>USA</b>	Zip <b>33919</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>SPENCER, MARC I 877 EXECUTIVE CENTER DR WEST 205 ST PETERSBURG, FL 33702-2472</b>		7. Name and Address of New Registered Agent Name <b>Bob Gelles c/o Schoo Management</b> Street Address (P.O. Box Number is Not Acceptable) <b>9411-2 Cypress Lake Drive</b> City <b>Fort Myers</b> <b>FL</b> Zip Code <b>33919</b>	
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: 		SIGNATURE:  <b>4-20-06</b>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>PD SMITH, ALAN B 2950 IMMOKALEE RD SUITE 2 NAPLES, FL 34110</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FICHTER, THOMAS P JR 2950 IMMOKALEE RD SUITE 2 NAPLES, FL 34110</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS SPENCER, MARC I 877 EXECUTIVE CENTER DR W SUITE 205 ST PETERSBURG, FL 337022472</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WHITMORE, JAMES A 8430 ENTERPRISE CIRCLE SUITE 100 BRADENTON, FL 34202</b> <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: 		SIGNATURE:  <b>4/20/06</b> <b>(239) 481-4700</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	