


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2007 8:00 am
Secretary of State

05-17-2007 90039 021 ****61.25

DOCUMENT # N04000007303			
1. Entity Name MATERA III AT VASARI CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O TAYLOR WOODROW COMMUNITIES 8430 ENTERPRISE CIR STE 100 BRADENTON, FL 34202		Mailing Address C/O TAYLOR WOODROW COMMUNITIES 8430 ENTERPRISE CIR STE 100 BRADENTON, FL 34202	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Su: Schoo Management, Inc. 9411 Cypress Lake Drive - # 2		Schoo Management, Inc. 9411 Cypress Lake Drive - # 2 Fort Myers, Florida 33919	
Ci: Fort Myers, Florida 33919		4. FEI Number 20-1659458	
Zip		Country	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		Name and Address of New Registered Agent	
SPENCER, MARC I 877 EXECUTIVE CENTER DR W STE 205 ST PETERSBURG, FL 33702-2472		Bob Gelles Schoo Management, Inc. 9411 Cypress Lake Drive - Suite 2 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: <i>Robert E. Gelles</i>		<i>Robert E. Gelles, CAM</i> 4.21.07 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DV <input checked="" type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ALAN B	NAME	<i>PD Ralph Neuhauer</i>
STREET ADDRESS	2950 IMMOKALEE RD STE 2	STREET ADDRESS	<i>28900 Altessa Way #201</i>
CITY-ST-ZIP	NAPLES, FL 34110	CITY-ST-ZIP	<i>Bonita Springs, FL 34135</i>
TITLE	DS <input checked="" type="checkbox"/> Delete	TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FICHTER, THOMAS P	NAME	<i>VD Albert Maasuga</i>
STREET ADDRESS	2950 IMMOKALEE RD STE 2	STREET ADDRESS	<i>28418 Altessa Way #201</i>
CITY-ST-ZIP	NAPLES, FL 34110	CITY-ST-ZIP	<i>Bonita Springs, FL 34135</i>
TITLE	AS <input checked="" type="checkbox"/> Delete	TITLE	<i>Richard Stalazynski</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENCER, MARC I	NAME	<i>Richard Stalazynski</i>
STREET ADDRESS	877 EXECUTIVE CENTER DR W STE 205	STREET ADDRESS	<i>28418 Altessa Way #203</i>
CITY-ST-ZIP	ST PETERSBURG, FL 337022472	CITY-ST-ZIP	<i>Bonita Springs, FL 34135</i>
TITLE	DP <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITMORE, JAMES A	NAME	
STREET ADDRESS	8430 ENTERPRISE CIR STE 100	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 34202	CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, ANN S	NAME	
STREET ADDRESS	877 EXECUTIVE CENTER DR W STE 205	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL 33702	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>Ralph Neuhauer</i>		<i>Ralph Neuhauer</i> 4.19.07 239.481.4700 <small>Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #</small>	

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