2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007303

FILED Apr 16, 2009 Secretary of State

Entity Name: MATERA III AT VASARI CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: SCHOOL MANAGEMENT INC 9411 CYPRESS LAKE DRIVE #2 FORT MYERS, FL 33919 **Current Mailing Address: New Mailing Address:** SCHOOL MANAGEMENT INC 9411 CYPRESS LAKE DRIVE #2 FORT MYERS, FL 33919 FEI Number: 20-1659458 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GELLES, BOB SCHOOL MANAGEMENT, INC 9411 CYPRESS LAKE DRIVE- SUITE 2 FORT MYERS, FL 33919 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition NAUHAUS, RALPH WARDLE, RAY Name: Name: 28400 ALTOSSA WAY #201 Address: 3 CHASE GARDEN LANE Address: City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: YARMOUTHPORT, MA 02675 Title: VD () Delete Title: (X) Change () Addition MASUGA, ALBERT Name: JOHNSON, PETER Name: Address: 28418 ALTOSSA WAY #201 Address: 28412 ALTESSA WAY #103 City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: BONITA SPRINGS, FL 34135 Title: () Delete Title: (X) Change () Addition STANOZYASKI, RICHARD SQUIRES, VIC Name: Name: 341 COVINGTON COURT Address: 28418 ALTOSSA WAY #203 Address: City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: NOTHVILLE, MI 48168 Title: () Delete Title: () Change (X) Addition Name: Name: NEUHAUS, RALPH Address: Address: 235 DUG ROAD City-St-Zip: City-St-Zip: CHESTER, NY 10918 Title: () Delete Title: () Change (X) Addition BROCCHI, ANGELO Name: Name: 28412 ALTESSA WAY #101 Address: Address: City-St-Zip: City-St-Zip: BONITA SPRINGS, FL 34135

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