

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007303

**FILED**  
**Apr 13, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

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

**Current Mailing Address:**

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

**New Mailing Address:**

SCHOO 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:**

GELLES, BOB  
SCHOOL MANAGEMENT, INC.  
9411 CYPRESS LAKE DRIVE- SUITE 2  
FORT MYERS, FL 33919 US

**Name and Address of New Registered Agent:**

GELLES, BOB  
SCHOO 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:

04/13/2010

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WARDLE, RAY  
Address: 3 CHASE GARDEN LANE  
City-St-Zip: YARMOUTHPORT, MA 02675

Title: VP  
Name: JOHNSON, PETER  
Address: 28412 ALTESSA WAY #103  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: S/T  
Name: SQUIRES, VIC  
Address: 341 COVINGTON COURT  
City-St-Zip: NOTHVILLE, MI 48168

Title: D  
Name: BROCCHI, ANGELO  
Address: 28412 ALTESSA WAY #101  
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby 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 all other like empowered.

SIGNATURE: ROBERT GELLES

CAM

04/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date