

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90072 043 ****61.25

DOCUMENT # N04000007306					
1. Entity Name MATERA IV 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			
Schoo Management, Inc. 9411 Cypress Lake Drive - # 2 Fort Myers, Florida 33919		Schoo Management, Inc. 9411 Cypress Lake Drive - # 2 Fort Myers, Florida 33919		01242007 Chg-NP CR2E037 (12/06)	
4. FEI Number 20-1659561		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SPENCER, MARC I 877 EXECUTIVE CENTER DR W STE 205 ST. PETERSBURG, FL 33702-2472		7. Name and Address of New Registered Agent Name: Bob Gelles Street Address: Schoo Management, Inc. 9411 Cypress Lake Drive - Suite 2 City: 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> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<i>Robert E. Gelles, CAM</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		4-21-07 <small>DATE</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 NAME STREET ADDRESS CITY-ST-ZIP	DV SMITH, ALAN B 2950 IMMOKALEE RD STE 2 NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD Michael R. Ledge 28430 Alhambra Way #204 Bonita Springs, FL 34135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FICHTER, THOMAS P JR 2950 IMMOKALEE RD STE 2 NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Richard Foley 28430 Alhambra Way #203 Bonita Springs, FL 34135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SPENCER, MARC I 877 EXECUTIVE CENTER DR W STE 205 ST PETERSBURG, FL 33702-2472	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Raymond Sparks 28430 Alhambra Way #201 Bonita Springs, FL 34135	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WHITMORE, JAMES A 8430 ENTERPRISE CIR STE 100 BRADENTON, FL 34202	<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	T COHEN, ANN S 877 EXECUTIVE CENTER DR W STE 205 ST. PETERBURG, FL 33702	<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	<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: <i>Raymond Sparks</i> <i>Raymond Sparks 5/7</i> 4-19-07 289-481-4700 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					