## 2008 NOT-FOR-PROFIT CORPORATION

## **FILED** May 05, 2008 8:00 am Secretary of State

05-05-2008 90249 038 \*\*\*\*61.25

ANNUAL	REPORT	

**DOCUMENT # N04000007306** 

1. Entity Nam MATERA INC.	IV AT VASARI CONDOMII	NIUM AS	SSOCIATION,	'						
Principal Place of Business SCHOO MGMT, INC. 9411 CYPRESS LAKE DRIVE #2 FORT MYERS, FL 33919		SCHO 9411	Mailing Address SCHOO MGMT, INC. 9411 CYPRESS LAKE DRIVE #2 FORT MYERS, FL 33919						<b>FAT</b> HHIL <b>At</b> la <b>t e</b> a	
2. Principal P	Nace of Business - No P.O. Box #	3. Maili	ng Address		<del></del>					
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.			01092008	Chg-NP	CR2E03	37 (12/06)	
City & State		Cit	City & State			4. FEI Number 20-16595	61			oplied For ot Applicable
Zip Country		Zip	Zip Cou		intry	try 5. Certificate of State			\$8.75 Add Fee Require	
	6. Name and Address of Curren	t Registere	d Agent	- 10	<u> </u>	7. Name and Ad	dress of New R	egistered /	Agent	
GELLES, E		.,		. —	- Name			- -		
9411 CYP	IGMT, INC. RESS LAKE DRIVE #2				Street Address (P.O. Box Number is Not Acceptable)					
FORT MY	ERS, FL 33919				City		·		Zip Cod	le l
					City			FL	.   2,000	
	named entity submits this statement tions of registered agent.	for the purp	ose of changing its	register	ed office or re	egistered agent, or both, i	n the State of Flo	orida. I am	familiar with,	and accept
	.*									
SIGNATURE .	Signature, typed or printed name of registered ager	nt and title if appl	icable. (NOTE	: Registere	d Agent signature	required when reinstating)	·	DATE	<del></del>	<del>- :-</del>
SIGNATURE.		nt and title if app				required when reinstating)	·—-			
		nt and title if appl	9. Election Carr Trust Fund C	npaign F	inancing _	\$5.00 May Be	T .	ake chec	k payable t	
	Signature, typed or printed name of registered ager Filling Fee Is \$61.25		9. Election Carr	npaign F	inancing _	\$5.00 May Be	Flor	ake checi ida Depar	tment of S	tate
	Signature, typed or printed name of registered ager Filling Fee is \$61.25 Due by May 1, 2008		9. Election Carr	npaign F Contribut	inancing ion.	\$5.00 May Be Added to Fees	Flor	ake checi ida Depar	tment of S	tate
10. TITLE .	Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS AND D  MILLADGE, MICHAEL		9. Election Carr Trust Fund C	npaign Fontributi	Financing ion.	\$5.00 May Be Added to Fees	Flor	ake checi ida Depar	tment of S	tate
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10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS AND D  MILLADGE, MICHAEL 28430 A HORSE WAY #204 BONITA SPRINGS, FL 34135		9. Election Carr Trust Fund C	npaign Fontributi 11. TITLE NAM STRE	E E E E T ADDRESS -ST-ZIP	\$5.00 May Be Added to Fees	Flor	ake checi ida Depar	RECTORS IN Change	N 10 Addition
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12. Thereby 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 cath; 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP