

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007306

FILED  
Apr 23, 2009  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 20-1659561

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GELLES, BOBO  
SCHOO MGMT, INC.  
9411 CYPRESS LAKE DRIVE #2  
FORT MYERS, FL 33919 US

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

GELLES, BOB  
SCHOO MGMT, INC.  
9411 CYPRESS LAKE DRIVE #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: ROBERT E GELLES

04/23/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MILLADGE, MICHAEL  
Address: 28430 A HORSE WAY #204  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VD ( ) Delete  
Name: FOLOY, RICHARD  
Address: 28430 A HORSE WAY #203  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: ST ( ) Delete  
Name: SPARKS, RAYMOND  
Address: 28430 A HORSE WAY #201  
City-St-Zip: BONITA SPRINGS, FL 34135

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition  
Name: MILLADGE, MICHAEL  
Address: 28430 A HORSE WAY #204  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: P (X) Change ( ) Addition  
Name: FOLOY, RICHARD  
Address: 2345 THE WOODS LANE  
City-St-Zip: LEXINGTON, KY 40502

Title: ST (X) Change ( ) Addition  
Name: PIER, KAREN  
Address: 28424 ALTESSA WAY #104  
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

04/23/2009

Electronic Signature of Signing Officer or Director

Date