

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90107 012 ****61.25

DOCUMENT # N06000002458					
1. Entity Name CASSIA AT VASARI CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 8430 ENTERPRISE CIRCLE SUITE 100 BRADENTON, FL 34202-4108 US			Mailing Address 9411 CYPRESS LAKE DR, SUITE 2 FORT MYERS, FL 33919		
2. Principal Place of Business - No P.O. Box # <i>School Management</i>		3. Mailing Address <i>same</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-5070612	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MERRILL, S. TODD 877 EXECUTIVE CENTER DRIVE WEST SUITE 205 ST. PETERSBURG, FL 33702-2472			7. Name and Address of New Registered Agent Name: <i>Robert Gelles</i> Street Address (P.O. Box Number is Not Acceptable): <i>School Management</i> <i>9411-2 Cypress Lakes Drive</i> City: <i>FT Myers</i> FL Zip Code: <i>33919</i>		
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> <i>Robert E. Gelles/CAM</i> <i>4.22.08</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 DP	NAME WHITMORE, JAMES A	<input checked="" type="checkbox"/> Delete	TITLE PD	NAME Wellikoff Peter	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8430 ENTERPRISE CIRCLE, SUITE 100	BRADENTON, FL 342024108		STREET ADDRESS 11007 Carrara Court #102	Bonita Springs, FL 34135	
CITY-ST-ZIP	BRADENTON, FL 342024108		CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE DV	NAME SMITH, ALAN B	<input checked="" type="checkbox"/> Delete	TITLE VPD	NAME Eckert Larry	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8430 ENTERPRISE CIRCLE, SUITE 100	BRADENTON, FL 342024108		STREET ADDRESS 28492 Alterra Way #201	Bonita Springs, FL 34135	
CITY-ST-ZIP	BRADENTON, FL 342024108		CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE DV	NAME FICHTER, THOMAS P JR	<input checked="" type="checkbox"/> Delete	TITLE TD	NAME Muckerheide Jim	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8430 ENTERPRISE CIRCLE, SUITE 100	BRADENTON, FL 342024108		STREET ADDRESS 28479 Alterra Way #202	Bonita Springs, FL 34135	
CITY-ST-ZIP	BRADENTON, FL 342024108		CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE DST	NAME COHEN, ANN S	<input checked="" type="checkbox"/> Delete	TITLE SD	NAME AKers Robert	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 877 EXECUTIVE CENTER DRIVE WEST, SUITE 205	ST. PETERSBURG, FL 337022472		STREET ADDRESS 110191 Carrara Ct. #201	Bonita Springs, FL 34135	
CITY-ST-ZIP	ST. PETERSBURG, FL 337022472		CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE AS	NAME MERRILL, S. TODD	<input checked="" type="checkbox"/> Delete	TITLE D	NAME Chiklo Jim	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 877 EXECUTIVE CENTER DRIVE WEST, SUITE 205	ST. PETERSBURG, FL 337022472		STREET ADDRESS 28457 Alterra Way #101	Bonita Springs, FL 34135	
CITY-ST-ZIP	ST. PETERSBURG, FL 337022472		CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE NAME	STREET ADDRESS		TITLE NAME	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
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>Peter Wellikoff</i> <i>Peter Wellikoff</i> <i>4.26.08</i> <i>481-4700</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					