2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002458

FILED Apr 23, 2009 Secretary of State

Entity Name: CASSIA AT VASARI CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: SCHOO MANAGEMENT 9411 CYPRESS LAKE DR, STE 2 FORT MYERS, FL 33919 **New Mailing Address: Current Mailing Address:** 9411 CYPRESS LAKE DR, STE 2 FORT MYERS, FL 33919 FEI Number: 20-5070612 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GELLES, ROBERT 9411-2 CYPRESS LAKES DR FORT MYERS, FL 33919 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition WELLIKOFF, PETER Name: Name: 11007 CARRARA CT #102 Address: Address: City-St-Zip: BONITA SPRINGS, FL 34135 US City-St-Zip: Title: () Delete Title: (X) Change () Addition ECKERT, LARRY Name: ECKERT, LARRY Name: Address: 28492 ALTERSA WAY #201 Address: 28492 ALTESSA WAY #201 City-St-Zip: BONITA SPRINGS, FL 34135 US City-St-Zip: BONITA SPRINGS, FL 34135 US Title: () Delete Title: (X) Change () Addition MUCKERGEIGE, JIM MUCKERGEIGE, JIM Name: Name: 28479 ALTASSA WAY #202 Address: Address: 28479 ALTESSA WAY #202 City-St-Zip: BONITA SPRINGS, FL 34135 US City-St-Zip: BONITA SPRINGS, FL 34135 US Title: SD () Delete Title: (X) Change () Addition Name: AKERS, ROBERT Name: AKERS, ROBERT 110191 CARRARA CT #201 Address: Address: 110191 CARRARA CT #201 City-St-Zip: BONITA SPRINGS, FL 34135 US City-St-Zip: BONITA SPRINGS, FL 34135 US Title: () Delete Title: (X) Change () Addition CHICKLO, JIM Name: Name: CHICKLO, JIM 28467 ALTASSA WAY #101 28467 ALTASSA WAY #101 Address: Address: City-St-Zip: BONITA SPRINGS, FL 34135 US City-St-Zip: BONITA SPRINGS, FL 34135 US

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