

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90045 018 ****61.25

DOCUMENT # N06000002461					
1. Entity Name FIRENZE 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 US		
2. Principal Place of Business - No P.O. Box # Schoon Management, Inc Suite, Apt., etc. 9411 Cypress Lake Dr. Ste 2		3. Mailing Address Schoon Management, Inc Suite, Apt., etc. 9411 Cypress Lake Dr. Ste 2			
City & State Fort Myers Florida		City & State Fort Myers, Florida			
Zip 33919		Country LEE		Zip 33919	
Country LEE		Country LEE			
4. FEI Number: 20-5070671					
5. Certificate of Status Desired: ☐ \$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: Bob Gelles Street Address (P.O. Box Number is Not Acceptable): 9411 Cypress Lake Drive Suite 2 City: Fort Myers FL Zip Code: 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: <u>Robert E. Gelles</u> <u>Robert E. Gelles / CAM</u> <u>3/26/08</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees			
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE DP	NAME WHITMORE, JAMES A ☒ Delete				
STREET ADDRESS 8430 ENTERPRISE CIRCLE, SUITE 100	CITY-ST-ZIP BRADENTON, FL 342034202				
TITLE DV	NAME SMITH, ALAN B ☒ Delete				
STREET ADDRESS 8430 ENTERPRISE CIRCLE, SUITE 100	CITY-ST-ZIP BRADENTON, FL 342034202				
TITLE DV	NAME FICHTER, THOMAS P JR ☒ Delete				
STREET ADDRESS 8430 ENTERPRISE CIRCLE, SUITE 100	CITY-ST-ZIP BRADENTON, FL 342034202				
TITLE ST	NAME COHEN, ANN S ☒ Delete				
STREET ADDRESS 877 EXECUTIVE CENTER DRIVE WEST, SUITE 205	CITY-ST-ZIP ST. PETERSBURG, FL 337022472				
TITLE AS	NAME MERRILL, S. TODD ☒ Delete				
STREET ADDRESS 877 EXECUTIVE CENTER DRIVE WEST, SUITE 205	CITY-ST-ZIP ST. PETERSBURG, FL 337022472				
TITLE 	NAME ☐ Delete				
STREET ADDRESS 	CITY-ST-ZIP 				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE PD	NAME Joe Piazon ☒ Change ☐ Addition				
STREET ADDRESS 28611 Firenze Way #203	CITY-ST-ZIP Bonita Springs, Florida 34135				
TITLE VPD	NAME Bob McConnell ☒ Change ☐ Addition				
STREET ADDRESS 28611 Firenze Way #201	CITY-ST-ZIP Bonita Springs, Florida 34135				
TITLE SD	NAME Louis Eliasof ☒ Change ☐ Addition				
STREET ADDRESS 28601 Firenze Way #201	CITY-ST-ZIP Bonita Springs, Florida 34135				
TITLE D	NAME John Ebelhart ☐ Change ☐ Addition				
STREET ADDRESS 12096 Via Siena Ct. #203	CITY-ST-ZIP Bonita Springs, Florida 34135				
TITLE D	NAME Sam Calagione ☒ Change ☐ Addition				
STREET ADDRESS 12085 Via Siena Ct #103	CITY-ST-ZIP Bonita Springs, Florida 34135				
TITLE D	NAME Tam Kleck ☒ Change ☐ Addition				
STREET ADDRESS 28601 Firenze Way #103	CITY-ST-ZIP Bonita Springs, Florida 34135				
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: <u>Joseph K. Piazon</u> <u>President</u> <u>3/26/08</u> <u>239 481-4700</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					