


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 08, 2008 8:00 am**  
**Secretary of State**

04-08-2008 90014 022 \*\*\*\*61.25

**DOCUMENT # N06000011199**

1. Entity Name  
**MATERA CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**10471 SIX MILE CYPRESS PARKWAY  
 SUITE 2  
 FORT MYERS, FL 33912**

Mailing Address  
**10471 SIX MILE CYPRESS PARKWAY  
 SUITE 2  
 FORT MYERS, FL 33912**

2. Principal Place of Business - No P.O. Box #  
**12734 Kenwood Ln.**

3. Mailing Address  
**12734 Kenwood Lane**

Suite, Apt. #, etc.  
**Suite 49**

Suite, Apt. #, etc.  
**Suite 49**

City & State  
**Fort Myers, FL**

City & State  
**Fort Myers, FL**

Zip  
**33907**

Country  
**USA**

Zip  
**33907**

Country  
**USA**

02052008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**20-5783499**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SHIELDS, CHRISTOPHER J  
 1833 HENDRY STREET  
 FORT MYERS, FL 33901**

7. Name and Address of New Registered Agent

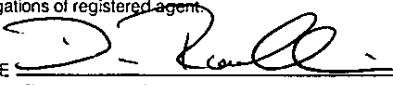
Name  
**Tropical Isler Management**

Street Address (P.O. Box Number is Not Acceptable)  
**12734 Kenwood Lane, Suite 49**

City  
**Fort Myers**

FL Zip Code  
**33907**

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  **Don Roedding, CAM** 3/25/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-electing) DATE

Filing Fee is **\$61.25** Due by **May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

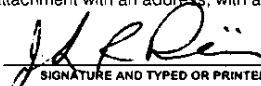
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEBITERRO, JOHN 10471 SIX MILE CYPRESS PARKWAY FORT MYERS, FL 33912	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD READER, JIM 10471 SIX MILE CYPRESS PARKWAY FORT MYERS, FL 33912	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CORBIN, DELINDA A 10471 SIX MILE CYPRESS PARKWAY FORT MYERS, FL 33912	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASM RUDLAND, MARK 12734 KENWOOD LANE, STE 49 FORT MYERS, FL 33907	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD John Didier 4341 Lazio Way #1205 Ft. Myers, FL 33901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Bruce Grady 2320 First St. Ft. Myers, FL 33901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD David Sankier 4350 Lazio Way #1106 Ft. Myers, FL 33901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **John R Didier** 3-21-08

Signature and typed or printed name of signing officer or director Date Daytime Phone #