

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008226

FILED
Apr 06, 2022
Secretary of State
4410538420CC

Entity Name: ALTESSA AT VASARI VILLAGE ASSOCIATION, INC.

Current Principal Place of Business:

C/O RESORT MANAGEMENT
2685 HORSESHOE DR #215
NAPLES, FL 34104

Current Mailing Address:

C/O RESORT MANAGEMENT
2685 HORSESHOE DRIVE S 215
NAPLES, FL 34104 US

FEI Number: 02-0553581

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RESORT MANAGEMENT
C/O RESORT MANAGEMENT
2685 HORSESHOE DRIVE S 215
NAPLES, FL 34104 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 ROSENOW

04/06/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name MCALLISER, PETER
Address C/O RESORT MANAGEMENT
 2685 HORSESHOE DRIVE S 215
City-State-Zip: NAPLES FL 34104

Title SECRETARY
Name DAVIS, HUGH
Address C/O RESORT MANAGEMENT
 2685 HORSESHOE DRIVE S 215
City-State-Zip: NAPLES FL 34104

Title VP
Name FUSCO, TIMOTHY
Address C/O RESORT MANAGEMENT
 2685 HORSESHOE DRIVE S 215
City-State-Zip: NAPLES FL 34104

Title PRESIDENT
Name CLARK, BRANDON
Address C/O RESORT MANAGEMENT
 2685 HORSESHOE DRIVE S 215
City-State-Zip: NAPLES FL 34104

Title DIRECTOR
Name CLUM, ROBERT
Address C/O RESORT MANAGEMENT
 2685 HORSESHOE DRIVE S 215
City-State-Zip: NAPLES FL 34104

Title DIRECTOR
Name KENT , JOHN
Address C/O RESORT MANAGEMENT
 2685 HORSESHOE DRIVE S 215
City-State-Zip: NAPLES FL 34104

Title DIRECTOR
Name RINKER, MARILYN
Address C/O RESORT MANAGEMENT
 2685 HORSESHOE DRIVE S 215
City-State-Zip: NAPLES FL 34104

I hereby 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 all other like empowered.

SIGNATURE: HUGH DAVIS

SECRETARY

04/06/2022

Electronic Signature of Signing Officer/Director Detail

Date