## 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003120

Entity Name: MATERA AT VASARI VILLAGE ASSOCIATION, INC,

FILED
Jun 26, 2020
Secretary of State
4154063620CC

## **Current Principal Place of Business:**

C/O SCHOO ASSOCIATION MANAGEMENT, LLC 9403 CYPRESS LAKE DRIVE STE C FORT MYERS, FL 33919

## **Current Mailing Address:**

C/O SCHOO ASSOCIATION MANAGEMENT, LLC 9403 CYPRESS LAKE DRIVE STE C FORT MYERS, FL 33919 US

FEI Number: 20-1656692 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

SCHOO, PATRICIA C/O SCHOO ASSOCIATION MANAGEMENT, LLC 9403 CYPRESS LAKE DRIVE STE C FORT MYERS, FL 33919 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: PATRICIA SCHOO 06/26/2020

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title P Title VF

Name HAYES, RICK Name GIOIA, CHRISTOPHER

Address C/O SCHOO ASSOCIATION Address C/O SCHOO ASSOCIATION

MANAGEMENT, LLC MANAGEMENT, LLC

9403 CYPRESS LAKE DRIVE STE C 9403 CYPRESS LAKE DRIVE STE C

City-State-Zip: FORT MYERS FL 33919 City-State-Zip: FORT MYERS FL 33919

Title S Title TR

Name PLATTE, JOHN Name KEMP, JIM

Address C/O SCHOO ASSOCIATION Address C/O SCHOO ASSOCIATION

MANAGEMENT, LLC MANAGEMENT, LLC

9403 CYPRESS LAKE DRIVE STE C 9403 CYPRESS LAKE DRIVE STE C

City-State-Zip: FORT MYERS FL 33919 City-State-Zip: FORT MYERS FL 33919

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.